



3 1761 06383932 8

Handle with
EXTREME CARE
This volume is
BRITTLE
and cannot be repaired
Photocopy only if necessary
GERSTEIN SCIENCE
INFORMATION CENTRE

RC
340
B87
1820
c.1
GERSTEIN

132.1

B972.2

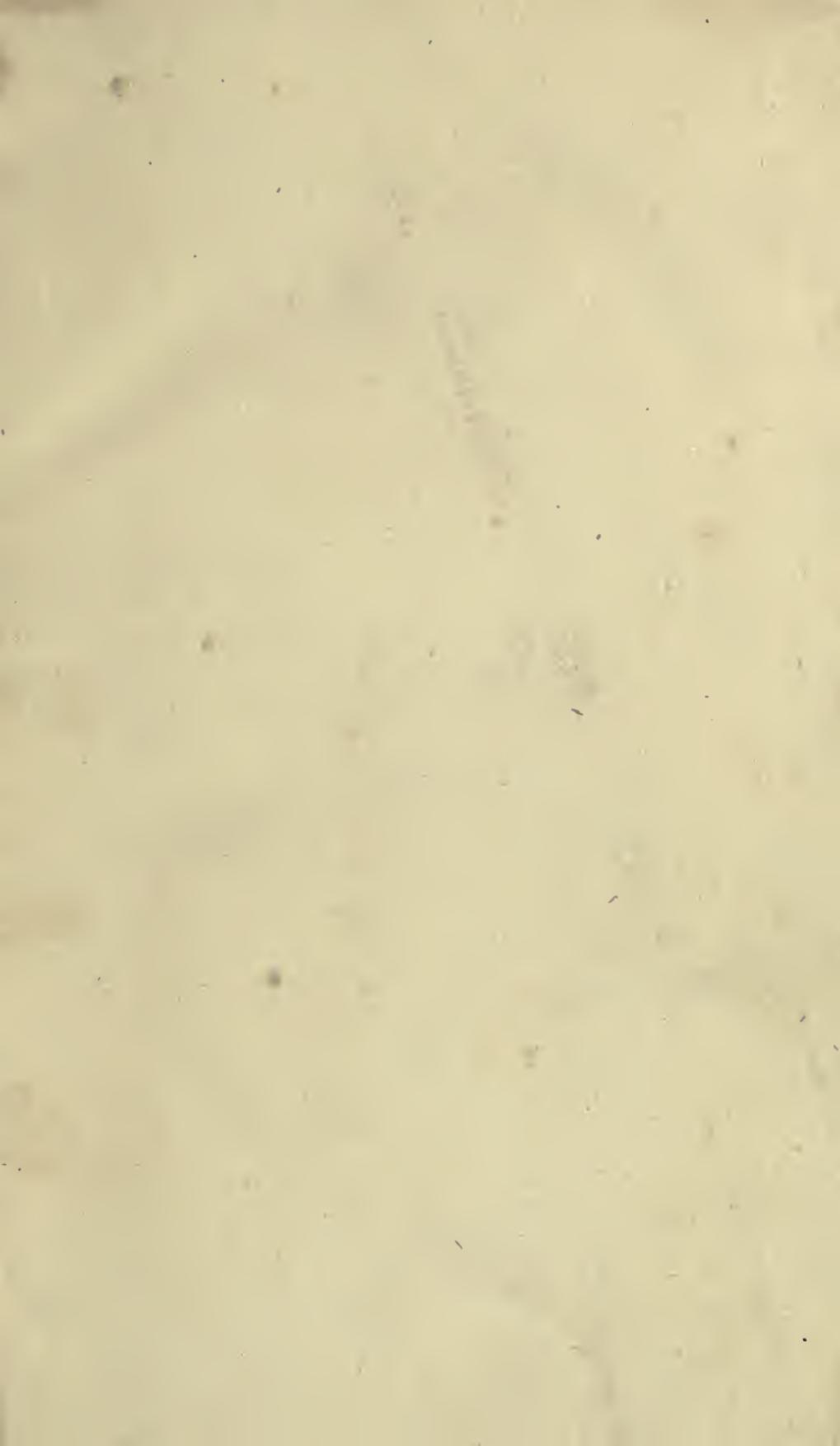


Library
of the
Academy of Medicine,
Toronto.

11376

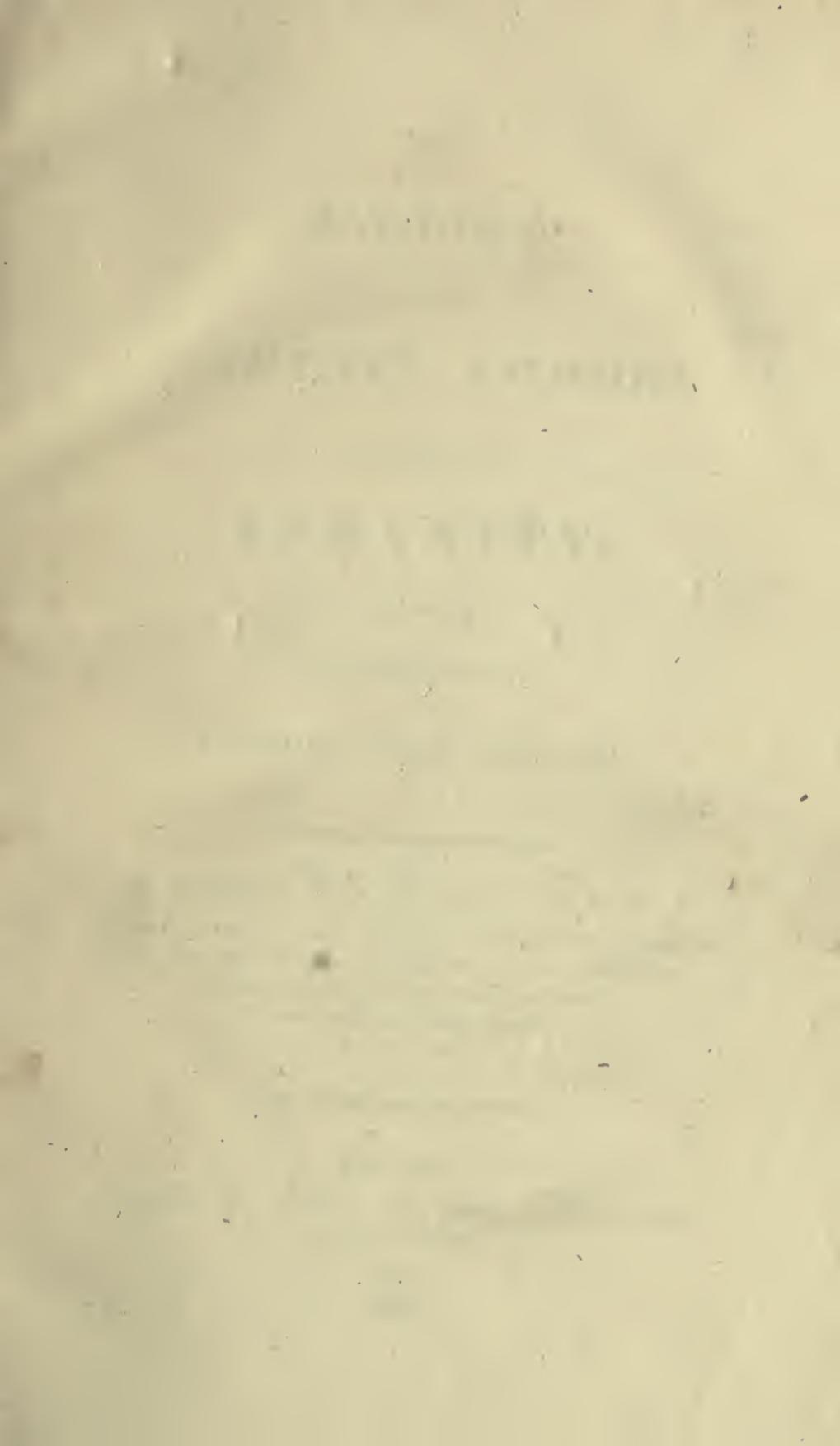
Presented by

Dr. R. O'Reilly
1921





Digitized by the Internet Archive
in 2008 with funding from
Microsoft Corporation



AN
INQUIRY
INTO
CERTAIN ERRORS
RELATIVE TO
INSANITY;
AND THEIR
CONSEQUENCES;
PHYSICAL, MORAL, AND CIVIL.

1771-1846
BY GEORGE MAN BURROWS, M.D. F.L.S.

FELLOW OF THE PHYS.-MED. SOC. OF THE UNIVERSITY OF ERLANGEN;
MEMBER OF THE ROYAL MEDICAL SOCIETY OF EDINBURGH;
OF THE ATHENEUM OF MEDICINE OF PARIS;
OF THE MINERALOGICAL SOCIETY
OF JENA, ETC.

London:
PRINTED FOR THOMAS AND GEORGE UNDERWOOD,
FLEET STREET.

1820.



LIBRARY BOOKS
FOR CHILDREN
Borrowed by you from the Central Library
and returned to another branch

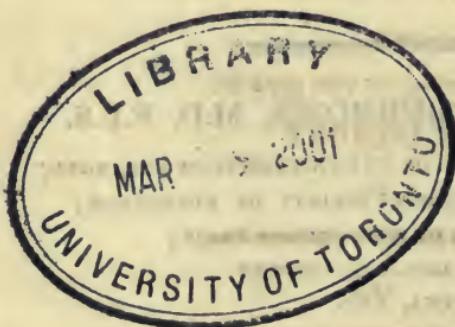
BY YOU AT YOUR OWN RISK

FOR CHILDREN'S LIBRARIES

STICKERS

RECOMMENDED
BY THE
CHILDREN'S LIBRARIES COMMITTEE

LEVEL-ONE STICKERS



TO
THE RIGHT HONOURABLE
JOHN, LORD ELDON,
BARON OF ELDON IN THE COUNTY OF DURHAM,
LORD HIGH CHANCELLOR OF ENGLAND, &c. &c.
WHO,
BY VIRTUE OF HIS EMINENT STATION,
IS
THE GENERAL GUARDIAN OF LUNATICS;
AND WHO,
FROM MOTIVES OF PURE PHILANTHROPY,
HAS UNDERTAKEN
THE VERY IMPORTANT AND DIFFICULT TASK
OF ARRANGING
A BILL
WITH A VIEW TO IMPROVE
THE PRESENT SYSTEM OF MANAGING ASYLUMS,
AND
THE CONDITION OF THE INSANE;
THIS INQUIRY
IS
WITH HIS LORDSHIP'S PERMISSION,
AND
WITH THE UTMOST DEFERENCE AND RESPECT,
INSCRIBED,
BY HIS OBEDIENT HUMBLE SERVANT,
GEORGE MAN BURROWS.

ADVERTISEMENT.

THE AUTHOR, impressed with a full sense of his obligations, begs to return thanks to those Gentlemen who have contributed by their communications to the elucidation of this Inquiry. In acknowledging the polite attentions of Dr. HULL, Manchester; Dr. GLENTON, Newcastle-upon-Tyne; Dr. MAC CARTNEY and Dr. TRAILL, Liverpool; Dr. CAMPBELL and Mr. J. SMITH, Surgeon, Lancaster; Mr. SHORT, Surgeon, Bedford, and Mr. MACLEAR, House-Surgeon of the Bedford Asylum; Mr. OLDFKNOV, Surgeon of the Nottingham Asylum; Mr. CROSS, Surgeon, Norwich; Mr. ABBOTT, Exeter; Messrs. GRIFFITHS and PATESHALL, Surgeons, Hereford; Dr. CROWDER and Mr. WALKER, Surgeon, Wakefield; Mr. PROUD, Surgeon, Wolverhampton, and Mr. GARRETT, Superintendent of the Stafford Asylum; Mr. GOODYER, Apothecary to the Mary-le-bone Infirmary; Dr. FINCH, Laverstock; Dr. WAKE and Mr. SAMUEL TUKE, York; Dr. HALLARAN, Cork; Dr. BALMANNO, Physician, and Mr. DRURY, Superintendent, of the Glasgow Asylum; Mr. FLINT, Secretary to the Leicester Asylum; and Mr. WEBSTER, Secretary of St. Luke's Hospital, London; the AUTHOR not only discharges a primary duty, but exhibits the sources whence he principally derived his information.

Misinterpretation, perhaps, of the queries circulated, has, in some instances, rendered the answers less explicit than might have been wished. Hence several of the Tables are imperfect; and hence, doubtless, the inferences are often incorrect. Whatever deficiencies or inaccuracies may be detected, if pointed out, they will be gratefully received; and should opportunity offer, will be regarded with a care proportioned to their importance.

Conscious that he owes an apology for the non-appearance of the **COMMENTARIES ON INSANITY**, which he long since announced, the **AUTHOR** embraces this occasion to state, that circumstances, over which he had no controul, have intervened and retarded their completion. Although delayed, and although both the matter and manner of publishing that work must undergo alteration, yet it is not relinquished. And, nothing interfering, he hopes to prosecute it to a conclusion.

62, *Gower Street, Bedford Square,*
May, 1820.

CONTENTS.

	Page
PRELIMINARY REMARKS.	1
SECTION I.	
<i>Is Insanity curable—and in what proportion?..</i>	17
SECTION II.	
<i>Is Insanity as susceptible of Cure as other Maladies ?.....</i>	37
SECTION III.	
<i>Is Insanity an increasing Malady?.....</i>	54
SECTION IV.	
<i>Is Insanity a prevalent Malady?</i>	81
SECTION V.	
<i>Has Insanity decreased ?.....</i>	106
SECTION VI.	
<i>Consequences of erroneous views of Insanity, in reference to Lunatic Asylums.....</i>	117
SECTION VII.	
<i>On the Influence which the Localities of Lunatic Institutions have on their Results.....</i>	132
SECTION VIII.	
<i>Remarks on the Condition of the Epileptic, Fa-tuous and Idiotic</i>	157
SECTION IX.	
<i>Is Religion a Cause or an Effect of Insanity ?..</i>	171
SECTION X.	
<i>On the Efficacy of Religious Instruction of Lunatics</i>	222
SECTION XI.	
<i>Suggestions respecting Legislative Regulation of Lunatic Asylums, &c.....</i>	238

APPENDIX.

	Page
A.— <i>Annual Report of Bethlem Hospital, 1820....</i>	285
B.— <i>An Account of Patients received into, and discharged out of, St. Luke's Hospital for Lunatics, from the opening of the Hospi- tal, July 1751, to June 1819, inclusive.....</i>	286
C.— <i>A Return of the Number of Lunatics con- fined in the different Gaols, Hospitals, and Lunatic Asylums; specifying the Number in each, and distinguishing the Males from the Females.....</i>	287
D.— <i>A Return of the Number of Houses in each County or Division of the County, Licensed for the Reception of Lunatics; the Names of the Persons to whom the Licenses are granted; as well as the Number of Pa- tients confined in each House;—distin- guishing Males and Females.....</i>	290
E.— <i>Abstract of Returns from the Clergy of Scot- land, relative to Lunatics in that Part of the United Kingdom, in 1818.....</i>	294
F.— <i>Sixth Annual Report of the Directors of the Glasgow Asylum for Lunatics, 1820.....</i>	296
G.— <i>A Summary General Report of the Royal Institution for Lunatics, in La Charité Hospital, at Berlin,.....</i>	307
H.— <i>Abstract of the Report of the Lunatic Asy- lum, near Exeter; 1819.....</i>	315
I.— <i>Abstract of the Ninth Annual Report of the State of the General Lunatic Asylum, near Nottingham, 1819.....</i>	319

REFERENCES TO TABLES.

TABLE I.

<i>A Comparative View of the Cures of Cases of Insanity in different Institutions for Lunatics</i> ...	20
--	----

TABLE II.

<i>A Synopsis of the Result of recent and old Cases of Insanity</i>	48
---	----

TABLE III.

<i>Abstract of the Commissioners' Register of Lunatics, from 1775 to 1814</i>	59
---	----

TABLE IV.

<i>Account of the Number of Pauper Lunatics of the Parish of St. Mary-le-bone, London, from 1804 to 1819</i>	66
--	----

TABLE V.

<i>A Comparative View of the Admissions of Lunatics into different British Asylums, with that of St. Mary-le-bone Parish and the Entries in the Commissioners' Register</i>	71
---	----

TABLE VI.

<i>A Comparative Statement of the Number of Deaths of Lunatics in the London Bills of Mortality, and of Entries in the Commissioners' Register of the London District, from 1787 to 1819</i>	75
--	----

TABLE VII.

<i>The Proportion of Suicides to the Population of various Cities in Europe, in 1817</i>	92
--	----

TABLE VIII.

<i>A Statement of Cases admitted into the Retreat, near York; exhibiting the Ratio of Cures, from its opening in 1796 to the end of 1819</i> ...	281
--	-----

ERRATA.

- Page 113 line 6—for “has” read “have.”
— 128 line 1—for “on” read “an.”
— 160 line 1—for “desideratum” read “defect.”
— 182 line 11—for “six” read “three.”
— Foot Note —for “136” read “186.”

PRELIMINARY REMARKS.

FROM the remotest era, man has been accustomed to view man in the degraded condition of insanity. In the ages of darkness and ignorance it cannot excite surprise, if he should have been treated, while in that hapless state, as an object, sometimes of derision, sometimes of dread ; and consequently with a degree of neglect, totally repugnant to the principles of humanity. But, that the physical condition of the insane should have been considered nearly irremediable, and their moral condition have remained unimproved, during periods celebrated for the cultivation of philosophy and science, are truths as singular as lamentable.

Happily, more enlightened views, and a sympathy more characteristic of Christian feeling, have succeeded. Those nations which once looked upon the miserable lunatic as an outcast, neither sensible of, nor regarding the cares of his fellow-creatures, are now conspicuous in providing him the means of present comfort, and restoration to a sane understanding. Thus, in most of the chief cities of Europe, lunatic asylums are established; and the aid of medicine is no longer deemed unavailing.

In Great Britain events have happened inducing an extraordinary interest on the subject of insanity. The fate of a lately deceased, illustrious, and revered Sufferer, has offered an example, no less calamitous than awful, that neither pre-eminence in virtue, nor in rank, exempts us from the greatest of all earthly afflictions—mental derangement. Those feelings which so great a national misfortune excited, have since been repeatedly tortured by reports of abuses abhorrent from our nature, in the system of managing persons similarly affected.

Occurrences like these produced sensations in which every loyal and every humane bosom naturally participated ; and as good often emanates from evil, so these events have co-operated to the advantage, generally, of the insane. For thence a new and active impulse arose : the zeal of the philanthropist was awakened to the pitiable situation of lunatics ; and the attention of the learned was directed to a malady, evidently but little understood.

Although some advance in the physical and moral management of the insane accrued ; yet it was very far, at the end of the last century, from having attained that melioration of which it has since been proved susceptible. Many causes indeed concurred to this effect.

The phenomena of intellectual aberration must, in all ages, have appeared too impressive not to be marked with deep interest. Accordingly no subject has been a more fruitful source of speculation and contention. But in a colluc-

tation of hypotheses, conjecture supplants rational induction; and imagination rules uncontroled. Hence possibly there has ever been more of fable than truth regarding mental derangement. If the poet have loved to personify all the shades of this Protean malady, so, likewise, charlatans of every description have found in its mystic phases the ready means of deception. Neither have the abstract theories of certain philosophers been wanting to impart a due share of error.

Little as the Greek and Roman physicians were acquainted with physiology or the laws of the animal economy in health, or pathology which exhibits those deviations from it we designate disease; and imbued, as most were, with the metaphysics of the schools; yet it did not escape their penetration, that insanity was almost always accompanied with symptoms of bodily disorder. Therefore, regardless of all other evidence but experience, they adopted a practice, which, if we credit their writings, was eminently successful in this malady.

None now dispute, that the brain is the seat of the understanding. The structure of this grand organ has been minutely dissected, in order to discover the specific instrument of each intellectual function, by the synthetical operation of which that effect is produced which we call—mind: But notwithstanding the industry and research exercised, or the pretensions lately advanced, the futility of every attempt is no less exemplified than the presumption to explain that attribute, which the **CREATOR**, in his inscrutable wisdom, has conferred on him alone, whom he made after his own image.

The persuasion, that the integrity of the brainular mass was essential to the manifestation of the mental faculties, was long a favourite theorem ; but, like other errors, has yielded to observation. For there is no part within the cranium supposed to exercise an intellectual function, that has not been lesed or even destroyed, and yet the understanding has remained clear and undisturbed.

It were endless to enumerate all the theories respecting the nature of mind. So likewise would it be to expose all the errors which have alternately reigned respecting its aberrations. However, some of them have acquired almost the authority of indisputable propositions ; and, by their influence, directly counteract improvement in the medical and moral treatment of the disease. These I feel it to be an imperative duty to investigate.

When entering upon an inquiry, it is impossible to limit perception to the immediate object that has induced it. Thus, on the present occasion, many have obtruded which did not at first strike, though evidently founded in erroneous views of insanity ; and which, separately or in concurrence or sequence, are producing effects very inimical to the interests of society.

No impression, perhaps, has been more detrimental than the scholastic dogma, that the mind, being independent of the body, can simu-

late all its functions and actions ; can sicken, be administered to, recover, and relapse ; and, consequently, that all but moral remedies must be secondary, if not nearly useless ; every other being incompatible with an immaterial essence, like mind.

To discuss the validity of this or that hypothesis, would be plunging into an inextricable labyrinth, and is quite foreign to my pursuit. But we may hazard the predicate, that he who relies, singly, on moral means, will be as surely disappointed, as he who resorts to the art of medicine only, for the cure of insanity.

Unfortunately, speculative disquisitions on the physiology of the human mind, or rather on intellectual or moral excellence, have been preferred, by most English writers on insanity, to practical illustrations of the best mode of treating it. This dangerous predilection also infects many practitioners ; among whom a theory of diseased ideas often supersedes all other pathological views. The better informed of mankind, therefore,

influenced by those on whom they are wont to look as guides in medical matters, have adopted similar opinions ; while the less so, persevere in prejudices, the relics of tradition, but which are equally adverse to truth.

Notwithstanding our advancement in general and medical knowledge, it must be confessed, that psychology or the science which treats of mental operations, is yet in its infancy. In reality, the reasoning faculties are but just emerging from the thraldom in which they have been alternately enchain'd, by the phantasma of superstition, the speculations of the ancient, or the scepticisms of modern philosophers. But because we know not what mind is, nor can explain the occult causes of its aberrations, we must not reject the evidence which observation furnishes, and opposes to supposition, on the event of insanity. Unluckily, however, no maxim is more frequently or grossly violated. For, in contravention of palpable facts, many errors obtain, which not only impede improvement both in the physical and moral treatment of the dis-

order, but which, by narrowing the circle of social happiness, multiply the miseries of life. Some “errors like straws on the surface flow;” and were those respecting insanity confined to the multitude, the consequences would probably be unimportant. As it is, they equally pervade the schools, the senate, and the forum.

The knowledge that a predisposition to insanity often exists in a family, has had some share in inducing false conclusions respecting the feasibility of cure.

There certainly is no physical error in accounting insanity hereditary. Had the knowledge of this fact merely led to a closer inquiry respecting those with whom a conubial union is contemplated, it would be a commendable foresight, often conducing to the preservation of domestic bliss; now too frequently interrupted by the developement of this dreadful affliction in the object, perhaps, of our tenderest affections. But it has also the effect of superinducing a

species of deception ; by which, although the occurrence of insanity in a family is concealed, yet the malady itself is further propagated ; and the fair results of the medical treatment of it are withheld. Thus it frequently happens, that persons become insane, but recover in a short period, and return into society, whose cases have neither been known nor suspected ; except by those friends who had immediately interposed, and placed them under medical controul.

It follows, therefore, that the most successful and meritorious examples of the cure of insanity rarely obtain publicity. No eclat attends them. The physician by whose skill they are accomplished is never mentioned. That gratitude and admiration, which prompts the convalescent and his friends to be loud in the praise of him who has performed a brilliant cure in other diseases, either medical or surgical, is, in a case of insanity, however appreciated, silent and circumscribed. There is only the darker side of the picture presented to the view of the public ; and, conse-

quently, a reproach, severer than deserved, attaches to the healing art.

The law itself, regarding lunatics, is remarkably defective: and this is an error which has been a source of great practical evil. Society is unhappily too depraved to expect that moral obligations can supersede the necessity of legal restrictions. Therefore, every act which passed the Legislature to correct existing, and prevent future, abuses in the treatment of the insane, having fallen short of the objects professed, little comparative benefit ensued. Hence too, principally, has arisen much of that malversation complained of; and hence, likewise, the necessity of the late Parliamentary investigation into the state of mad-houses, &c.

Even here, also, there is cause for regret. The manner, as well as the matter of that inquiry, was singularly calculated to excite and irritate a compassionate people. Accordingly the highest possible popularity has been imparted to the

subject. But so excited, a thousand precedents prove the judgment succumbs too readily to feeling. And humanity, though a **DIVINE** attribute, in excess, becomes a morbid affection, admitting neither the inductions of truth nor reason.

On any subject, where assertions are adopted as principles, errors must abound and multiply ; and on none has allegation so boldly usurped proof as on insanity. The most striking facts have been entirely overlooked, and opinions have been advanced and acted upon, which nothing but a singular obliquity of discerning could have originated.

For instance, there is a general impression : firstly, That insanity, if not incurable, is at least so difficult of cure, that few afflicted with it recover : secondly, That insanity is an increasing malady : thirdly, That insanity is an exceedingly prevalent malady.

Now these I consider as fundamental errors ;

which especially reflect on the good sense and character of the English nation ; and as long as they continue, will have deteriorating effects. Were they truths, the most indifferent must deplore and deprecate them ; for the human race, in process of time, would be degraded to the condition of the brute creation. Maintaining, however, as I avow, the very converse of these propositions, and that they are unauthorized *dicta*, I cannot confine myself to simply denying them in the aggregate, but shall endeavour to confute them in detail.

Various other topics have been introduced, and descanted upon in the following pages, for which I shall offer no apology. They are obviously so interwoven with the interests of the insane, that their relevancy cannot be questioned : and if, as I believe, they owe their existence to mistaken views, they ought not to be omitted in this inquiry. Apology, indeed, may be due for many deficiencies and probably some wrong deductions ; for I am conscious that several

of the documents, from which I have argued, are imperfect. But my conclusions generally are derived, not from single, but, from collective authorities. And when the difficulty is considered of an individual, like myself, without patronage or official assistance, procuring extensive and accurate information, from such a variety of sources—sources, too, not always easy of access; I trust little censure will attach on this account. Were my opportunities as extended as my inclination, some points which certainly require it, should have received a more satisfactory elucidation.

It was my design to have reserved some of the discussions I have now entered into for a practical work on mental derangement, long since announced. But as the impressions I wish to combat are actively operating; and, wherever they extend, prejudice every regulation, civil or medical, devised to meliorate the condition of the insane; I am induced no longer to defer attempting to demonstrate their fallacy.

In the mode of doing so, I have been somewhat undecided. The subject is one in which the welfare of every individual is more or less involved. Neither is it abstract in principle or application. I have therefore preferred a familiar form, avoiding, as much as possible, all technical language, and medical reasoning.

INQUIRY,

§c. &c.

SECTION I.

IS INSANITY CURABLE—AND IN WHAT PROPORTION?

FEW popular errors are more prejudicial to the interests of humanity than that insanity is, commonly, incurable; and, consequently, that the application of remedies is supererogatory. If such opinion obtain, a person, though only at intervals insane, is in danger of being consigned to a fate worse than oblivious, his affairs to ruin, his family to despair, and society to the loss, perhaps, of a virtuous and useful member. Nevertheless, nothing is more true or clear, than that a very large proportion of the insane recover the perfect use of their understanding. To form an accurate estimate of what proportion the cures bear to the number afflicted, and whether the ratio be progressive or retro-

gressive, the records of different lunatic institutions, at distinct and distant periods, should be procured and collated. But however desirable, this can be done only to a very limited extent; for, till lately, few public lunatic asylums kept a register of cases in a manner calculated to furnish any precise or satisfactory data, and many are still in this respect extremely remiss; and if any private asylum have been more particular, the public has not benefitted from its superior intelligence. We must therefore be content with the general results in different establishments. These will suffice, perhaps, to establish some important inferences.

With a view to elucidate, as fully as possible, a point much disputed, I shall submit a comparative table of cures. It comprises, I believe, returns from all the public lunatic asylums in England, (Wales is reported to possess no public and only one private asylum,) and likewise all the returns from Scotland, which are accessible. Ireland possesses many receptacles for lunatics; but, excepting the Richmond asylum of Dublin, and that of Cork, there are none in which any cura-

tive system is pursued. Of the former I know nothing but from the Parliamentary Reports ; of the latter, its able physician, Dr. Hallaran, has published an instructive account. The returns of many of the best establishments on the Continent are added ; so likewise are a few of a contrary description ; in order that the contrast between a well and a badly conducted lunatic asylum may be seen and justly appreciated. The list also embraces the returns of three British and two French private asylums of celebrity.

I am conscious that this table is still deficient in several respects ; and that neither the medical nor moral philosopher will find those particulars in it for which he looks. But be it remembered, that the sole object in view is, whether insanity permits of cure, and in what proportion.

However, to render it as useful as possible, and to do justice to the respective asylums, I have inserted the relative number of cures at distinct successive periods ; and attempted, as far as my information allows, some classification of the

cases. In the execution I do not affect perfect accuracy ; and where I have erred, I must entreat it may be assigned to defective or erroneous reports. The registers of some institutions do not admit of any arrangement of the cases ; and the regulations of others differ so widely, that the description of patients which one receives, another rejects ; consequently, their returns cannot accord.

In the arrangement I have adopted, the aggregate of admissions, on which the centesimal proportions of cures are calculated, is in the first column. The cases are distinguished, as *recent*, *old*, *recent and old*, and *complicated*; by which latter term I mean insanity combined with fatuity, idiocy, epilepsy, &c. For each class a separate column is assigned ; and where my information is precise enough, I have inserted the proportion of cures it bears. Most of the authorities are appended to the table ; and where not quoted, may be judged to be derived from the medical officers of the establishment. Further, for greater perspicuity, the asylums receiving complicated cases are printed in *italics*. Fractions of units are omitted.

The remarkable discrepancy this table displays in the ratio of cures in different institutions, cannot escape notice, and requires some comment. Reasoning, *a priori*, we might infer, that the ratio will always correspond with the means adopted for the treatment of lunatics ; but that it must be greatly influenced by the rules for the admission and duration of patients in asylums. The objects and economy indeed of public asylums, often differ as much from each other, as they do from those of private asylums ; and the same diversity prevails among the latter as among the former. Again, under the most judicious regimen, much difference in the degree of success must obtain from local circumstances. None would expect the same results, all other things being equal, in Bethlem and St. Luke's, as in the Quaker's Retreat, or in the asylums of Nottingham, Exeter, or Glasgow. Even the very site and construction of such edifices must have a very sensible effect on the curative system.

In order to estimate more correctly the con-

tents of the table, I shall briefly detail the essential distinctions in public lunatic asylums. They may be divided into three classes: 1. Those which are entirely eleemosinary, or are supported partly by an income, funded or landed, but arising from benevolence, and partly by voluntary contributions.—2. Those which are supported, partly by voluntary contributions, and partly by pensionary patients, paying according to a certain gradation of rank.—3. Pauper lunatic asylums, founded under Mr. Wynne's Act, at the expence of the county, and where the patients are supported by their parishes. In all these, except where there are patients taken on profitable allowances, or any officer of the establishment is remunerated according to the number or ability of such pensioners, a common interest prevails, if no better feeling operate, to facilitate the cure, and, consequently, the discharge of every patient.

Private asylums are also of different descriptions.—In the one, nothing more is professed, unless especially required, than kind usage

and safe custody ; while, in others, the means of cure are professed, and sometimes very efficaciously employed : the first are commonly under the superintendance of unprofessional persons ; the second are generally under that of a member of the faculty.

The destination of these institutions being as dissimilar in England as they are in France, it might be wise to imitate the French custom, and to both kinds attach a characteristic name : the former the French call *Maisons de Détection* ; the latter, *Maisons de Santé* or *Pensionnats*.

I have observed, that lunatic hospitals and asylums vary exceedingly in their rules and exceptions to the admission of patients. For instance, the two principal British lunatic hospitals, Bethlem and St. Luke's, impose more exclusive regulations than any other British asylum, public or private. They reject all patients who have been above twelve months insane, those troubled with epilepsy or convulsive fits, idiots, the aged and weak, those discharged uncured

from other hospitals, the venereal and the pregnant ; besides, every patient who is not recovered at the expiration of one year's trial, is dismissed. Each hospital has two classes of patients, *incurables* and *curables* : the one considered hopeless cases, and the number always the same ; the other receiving the aids of medicine and regimen, and varying in number with that of the applications for admission. The peculiarities in the rules of these hospitals should be known, before judgment is passed on the comparative proportions of cures in them and other institutions. On the probable effect of such regulations, it would be irrelevant at present to descant ; though hereafter I shall advert to it.

From the length of time these two hospitals have been founded, and their capaciousness, had their registers been properly arranged and well kept, *ab initio*, satisfactory evidence might have been obtained of the exact ratio the cures had, at different epochs, borne to the curables admitted ; and thence we might have judged whether any and what progress had been made towards im-

provement. Formerly, there was no distinction observed, in the annual report of Bethlem, between those who quitted cured, and those discharged uncured, or removed for other reasons. This loose mode of reporting defeats all accuracy respecting the number actually cured in this hospital. But since 1817, a form has been published much more perspicuously arranged.*

The entries in the annual reports of St. Luke's are equally difficult to analyse: for the admissions, cures, and discharges of each year, are added to the aggregate of all the preceding years since the foundation of the hospital; so likewise are the annual casualties. Therefore, if the results be desired, the aggregate of the antecedent must be deducted from that of the last year, throughout the whole series. This confused mode of summing up, has occasioned many errors, and rendered the annual reports of less value. One effect of it is perceptible in the comparative table of cures; where it appears as if the proportion had considerably retrograded.

* Appendix, (A).

There is, however, an unaccountable mistake in the admissions for the years 1813 and 1818 ; to which the low ratio of cures in the last decade is clearly to be attributed : for, according to the hospital reports, the number admitted in 1813 is 356, though in the return made to the House of Commons, it was stated to be only 282 ; while in 1818 the number entered is 492 ! What fully disproves both these returns is, that the number of patients remaining in the hospital at the expiration of each of those years, amounted to no more than the usual proportion. In the tables, therefore, I have adopted the probable, and not the reported admissions in 1813 and 1818.

Persons, not having access to the reports of this excellent Institution, have been led to compute the cures upon the gross number of admissions, including idiots, those removed by friends, and those deemed unfit to remain ; though upon some of them no remedial means were tried, and upon others they were not completed. Consequently, the ratio of cures has always been accounted less than it really was. I have deducted all these objected cases from the admissions in the different

periods selected, and reckoned the proportion of cures on those patients only who went through the hospital discipline. Thus from 1751 to 1819,* 12,173 admissions are reported, of which 1532 were withdrawn ; leaving 10,641 who were medically treated. This method gives a fairer view of the results of St. Luke's Hospital than any, I apprehend, yet published.

Most eleemosinary lunatic asylums, either for want of sufficient funds, or of room to accommodate all the lunatics who apply, exclude epilepsy and idiotcy ; making occasional exceptions, where the friends of the patient can afford to pay the expence of maintenance.

County pauper-lunatic asylums are compelled to receive both these classes of patients, if considered dangerous ; but not otherwise.

Foreign lunatic hospitals or asylums make no exceptions : the fatuous, idiotic, epileptic, aged,

* Appendix, (B)

and incurable, are all admitted ; and every chance which skill or time affords, is fully given before the patient is discharged.

Such being the diversity in the views, regulations, and system in British public lunatic asylums, any generalization of the contents of the comparative table is totally precluded. But we may safely deduce from the success of particular establishments, that the ratio of cures is always commensurate with the means, and the judgment in administering them.

We have returns from so few private asylums, that we collect no data whence to draw any general inference of the number of cures usually effected in them. From those which approximate most to the French houses of detention, mystery and deception being parts of the trade, no report can be expected. What proof, therefore, cannot adduce, analogy must supply. Contrast the results of La Salpetrieré, or regenerated Bethlem, with those of the hospital of Genoa ? or those of the English and French private asylums, with the

Maisons de Déstitution of Lille and Armentières ? then judge of the extent of the evil engrafted on suffering human nature, by the difference between a good and a bad, or rather no system of management. It is here that the moderns excel their predecessors.

To Dr. PINEL is justly due the enviable distinction of first introducing into Europe that moral system of treating the insane, from which such benefits to those unhappy beings have flowed—a system, indeed, as truly consonant with the purest principles of Christianity as with sound philosophy. The name of this philanthropist, to whom enduring man owes such eternal obligation, will descend to posterity with honour and gratitude, as no less the friend of humanity than of science. Nowhere are the effects of system on the results of lunatic institutions more conspicuous than where he has so long and worthily presided. However, even in Charenton, La Salpetriere, and Bicêtre, the three most eminent asylums in France, there is a striking difference in the returns. The cures in

the first do not exceed those in either of the others ; and yet all the moral facilities are greatly in favour of Charenton. But the truth is, although this asylum, both in situation and internal arrangement for the accommodation, occupation, and even amusement of the superior classes of patients, is far superior ; yet, in the physical or rather medical economy, La Salpetriere and also the Bicêtre have the advantage. This is not the fault of its medical officers. But this asylum not being placed under the immediate superintendance of the commissioners of hospitals of Paris, as the others are, the means are more sparingly provided. The whole establishment bore evident marks, when I visited it in 1817, of lamentable neglect.

The York Retreat excels every other asylum for lunatics in moral qualities. But in the number of absolute cures, it is not on a par either with the London or Paris hospitals ; and, in this respect, has much about the same relation to the cures in the former, as Charenton has to those in the latter ; and possibly for a similar reason, viz.

that physical remedies are too lightly regarded, and therefore too little employed. In the Retreat, it is true, patients are admitted who are excluded from Bethlem and St. Luke's ; therefore the proportions of cures ought to be greatly in favour of those hospitals. But if the number cured in the Retreat be compared with that in the Newcastle asylum, which receives the same description of cases, and where medical means are more fully tried, the ratio of success will be seen to be inferior in the former. Having the fullest conviction of the great efficacy of medicine in the majority of cases of insanity, I have ever viewed with regret the little confidence professed by the benevolent conductors of the Retreat in its powers ; and have always considered, that the exercise of a more energetic remedial plan of treatment was the only thing required to render the system they pursue, perfect.

Happy would it be for humanity, and honourable for the French nation, were equal care shewn for the insane in the provinces as in the capital. But, alas ! even in the seats of learned univer-

sities, and of schools of medicine, the wretched lunatic exists in a state of degradation and suffering, of which the very worst reported of the worst mad-houses in England conveys but a faint conception. Let any one consult Professor Foderé's* account of the treatment of the insane in the provinces of France, and especially at Strasburgh,† and he will confess that nothing more dreadful and disgusting can be imagined.

Well may M. Foderé inquire, why the focus of those lights, both moral and physical, which science has shed on the treatment of the insane, should still be concentrated in Paris; as if the rest of France were not France? and why such luminous rays have not yet penetrated even a few leagues distant from the metropolis?‡

That industrious pathologist, Dr. Esquirol, one of the physicians to La Salpetriere and the associate of Dr. Pinel, in an admirable Essay

* *Traité du Délire*, 1817, tom. i. chap. 3.

† *Ibid.* sect. 76. ‡ *Ibid.* sect. 75.

on Insanity*, states, as the general result of different lunatic institutions, that the absolute cures amount to about one-third, and that the number varies from a fourth to a half. In comparing the proportion of cures in different countries, he concludes, decisively, in favour of France; and thence cautions his countrymen against always ascribing the superiority to strangers. There is in this more gasconade than I should have expected from so liberal and estimable a man. For if Dr. Esquirol had extracted the returns of other English asylums, besides those of Bethlem, St. Luke's, York, and the Retreat, which the same source whence he derived his information would have furnished; and had placed them in opposition to the conjoint returns of the Paris and French provincial asylums; a more just but a widely different conclusion would have been deduced.

While the competition, however, is, which Nation contributes most to alleviate the mi-

* Dict. des Sciences Medicales, Art. *Folie*, p. 205.

series of mankind, I shall ever rejoice to find both equally emulous, and equally deserving, by their exertions, the meed of self-gratulation. Nor can I forbear a hope, that the examples exhibited by England and France, may stimulate all Europe to rival or excel them in so laudable a contest.

Contrasting the proportion of cures of the present time with that almost a century and a half ago, it is not a little perplexing to account for the ratio in Bethlem Hospital having actually retrograded. The earliest records of that institution offer evidence, which, if accurate, proves, the proportion of cures originally exceeded that at any intervening period between 1748 and 1817. Stow brags,* on the authority of Dr. Tyson, who was, I believe, its first physician, that two out of three lunatics had been cured. It certainly appears, from the annual reports, that the number of *cures* and *discharges* from 1684 to 1707, was seven and twenty per cent. more than the *cures* and *discharges* from 1799 to 1814. The cause of this retrogression, though

* Survey of London, &c. &c. Book I.

curious and worthy of inquiry, is not the present subject. But the fact of so large a number being cured, though, according to Dr. Tyson, most of them had been under treatment before they were admitted, and when the exceptions were not so numerous or strict as at present, is remarkable ; and seems to evince, that, even where many of the cases must have been of considerable duration before the aids of the hospital were applied, insanity was, under the original system pursued, cured in a very high proportion. This evidence is the more important, since it is half a century anterior to any quoted, either of this or any other lunatic institution. Surely, therefore, had not this statement escaped observation, it might have been accepted as a proof, that mental derangement was more amenable to treatment than has been alledged ; and likewise that the recoveries were in a ratio, considering the then state of medical knowledge, surpassing perhaps that of most other diseases.

Enough perhaps has been advanced to decide the ostensible object of this section of

the inquiry, viz. *that insanity is a malady susceptible of cure.*

Neither, I hope, shall I assume more than is proved, when I conclude, that a very large proportion of lunatics, under a proper system of management, actually recover.

SECTION II.

IS INSANITY AS SUSCEPTIBLE OF CURE AS OTHER
MALADIES?

IN seeking to detect error, we often elicit truths very unexpected. Thus new views are opened, and the bounds of human knowledge are extended. The attempt to confute the fallacy, which forms the text of the last commentary, has not only led me, both from personal and collateral observation, to infer, that to suppose insanity incurable is a vulgar error; but it has left a clear conviction, that it admits of cure in a ratio equal with almost any disorder, marked by as strong indications of morbid action in the corporeal system. Those accustomed to pronounce it almost an impracticable malady, may conceive this an opinion which the premises do not support. Nevertheless, I have adopted it: upon what grounds I shall proceed to explain.

Assuming it to be established, that insanity is susceptible of cure, and that in a very considerable proportion of cases, it appears a consecutive inquiry, what is the ratio it bears to that of other diseases ? We may, perhaps, not come to as clear a demonstration of this as of the question just discussed ; because the arguments must be partly gratuitous, and the proofs rather analogical than positive.

Thus the prognostic of a disease is derived, not from any precise knowledge of the ratio which the number of cures bears to cases ; but from observation on the general results. Except when uncommon or alarming epidemics rage, and invite public attention, the number ill of a complaint is always inferred, not proved. It is often judged by the degree of mortality attending it ; but no criterion is less to be depended upon. The inference is natural, that where a larger number die than usual, the disorder which is the cause of it, is more frequent. Although natural, this, however, is illusive. For many circumstances may increase the

number of deaths, though the number of cases be even fewer: thus the seasons, locality, habitude, &c. influence the frequency or malignity of all disorders. Besides, the cases which recover are unknown. The number of deaths, therefore, is no better index of the prevalency than of the general issue of a malady. Hence our only resource must be analogy: and if the relative proportions of cures in cases of insanity and other diseases, be found nearly to approximate, it is all that can be ascertained. With this, if satisfactorily established, we may be content: for the contrary opinion which prevails will be no longer tenable. And thus a material obstacle opposed to the application of energetic remedies in the treatment of insanity, will be effectually removed.

Many authors contend, that insanity, like other disorders, has its access, crisis, and decline. Without examining whether this be an aphorism, this malady certainly has one feature in common with others; and that is—the difficulty of cure is more or less, according to the time which has elapsed since the incipient attack, or the com-

plication of mental with bodily complaints. This is a physical fact of great importance; and although familiar to the ancient physicians, and always acted upon in the admissions of lunatics into Bethlem and St. Luke's hospitals, and is especially exemplified in the comparative table of cures, yet it has not been till lately duly regarded by the moderns. Probably from not discriminating sufficiently between recent and old cases before remedies were prescribed, much of the prepossession against the practicability of curing insanity has originated. But this is not the only omission of importance in the pathology of insanity, and which tends to augment the natural difficulties of treating it.

To the reproach of science and common sense, there is rarely a chance of arresting this malady, by resorting to preventive means. Did mental derangement experience the same prompt attention as most other complaints, it is impossible to judge how much more favourable the results might prove. The reverse almost always obtains; and therefore insanity more frequently degenerates

into a chronic or continuous type. All practitioners have remarked how difficult it is of cure, when it has taken the latter form, comparatively with acute or recent cases. In this propensity it but assimilates to other diseases. For, be the disease what it may, whenever remedies are neglected long after the first access, there is great danger of its assuming an obstinate, if not a permanent, character.

Unfortunately, the approach of insanity, though generally perceptible, and especially to strangers, is rarely remarked by relations. We are all apt to shun that which is painful or displeasing. So the insidious approaches of mental derangement are rather construed into nervous irritability, or eccentricity, or any thing rather than the truth; and are suffered to proceed till some terrible exacerbation of delirious fury or despondency ensues. A malady is thus confirmed in one whom we often most value, and whose intellects very probably might have been preserved, had timely aid been administered.

How often do we witness the bitterness of

self-accusation, and the unceasing regrets of the near connections of lunatics, for persevering in this wilful blindness till the calamity they deprecate has occurred. Assuredly the approach of intellectual disorder sometimes escapes the most intelligent observer ; while bodily ailments, from the derangement of some ordinary function, are at once visible : consequently, the remedy in the one case is unsought, which, in the other, is immediately applied. Thus the chances of cure are, in a variety of ways, rendered in mental and corporeal complaints unequal.

Derogatory as the exposure is to human nature, yet it cannot, nor ought not, to be concealed, that there is another cause too commonly operating ; and always detracting from that degree of success which might otherwise attend the cure of this malady ; and which rarely applies to other cases ; and that is—the indifference, nay, even the disinclination, of the friends of lunatics to their recovery. The prescription of remedies is indeed often openly objected to ; and sometimes is a reason for preferring an asylum, where the cure

is neither professed nor desired. Want of confidence in all human aid, is occasionally urged for declining the application of remedies. The expense is the sole objection of many. But it too frequently, I fear, arises from less pardonable motives. In fact, pride, suspicion, deception, avarice, and caprice, are all opposed to the free agency of the physician in the treating of insanity. Even under these and many other disadvantages, we have incontrovertible evidence how great a proportion recover. The records both of public and private lunatic asylums testify it. And were it not when statements militate against preconceived notions, that all testimony is pertinaciously rejected; we might have been convinced, thirty years ago, that insanity was cured in a ratio equivalent probably to what is experienced in most disorders. But it was the predicament of the late celebrated Dr. Willis, in his evidence before a Committee of Parliament, in 1789, to be discredited when he stated, that *nine out of ten cases of insanity recovered, if placed under his care, within three months from the attack.* Doubts of his veracity were implied by

his coadjutors, the physicians attending on his Majesty; and consequently by many others: and, even many years afterwards, his account was by some authors impugned and ridiculed. Probably, those who derided Dr. Willis, had neither his experience in this malady, nor his opportunities of treating it in its early and therefore most favourable stage; and few, I am confident, ever so fully possessed the essential auxiliaries to success as that physician. We now see, that, in situations perhaps less promising, eight in ten, and even six in seven *recent* cases, are reported, and believed to have actually recovered!

In La Salpetriere, at Paris, a public, but certainly one of the best conducted lunatic institutions in Europe, though very far, agreeably to my conception, from perfection; the proportion of cures of recent cases, exclusive of the fatuous, idiotic, and epileptic, was, in 1806 and 1807, according to Dr. Carter,* almost as high as that of Dr. Willis.

* A Short Account of some of the Principal Hospitals in France, &c. by H. W. Carter, M.D. p. 21.

The difference of the result between recent and old cases, and the superior success of early and active medical treatment, is indeed astonishing. It is forcibly illustrated by the evidence of Dr. Veitch,* who reports, that of twenty-eight curable cases of lunatic seamen and mariners, admitted in about twelve months, into an institution not then the best adapted to facilitate the curative process, eighteen, or nearly two in three, during the same year, were discharged, well; while only five out of 152 old cases, recovered.

The writer of an excellent article on the subject of mad-houses, in the 56th number of the Edinburgh Review, fully impressed with the importance of the distinction between recent and old cases, represents the proportion of cures of the former to the latter, as deduced from a comparative table he inserts, as, 100 : 25. The table which I have presented (No. 1.) contains the returns of many more asylums than the one alluded to;

* Parl. Reports, 1816, p. 65.

and the proportion is higher in favour of recent cases:—a fact which cannot be too strongly enforced on the recollection of all who may, from the developement of symptoms, have reason to suspect an access of mental derangement whether in a friend or a patient.

Irrefragable as the testimony uniformly is, of the great success attending the treatment of insanity, even under circumstances generally little favourable, I shall take the liberty of adding my own; the worth of which I must leave the public to appreciate.

To detract from the merit of others in the treatment of this malady, or to arrogate superior knowledge, is equally contemptible: yet, I shall venture to declare my belief, that the utmost success hitherto recorded, falls short of that which is attainable. My reason for thinking so is—that the proportion of cures, upon an aggregate of about three hundred cases in my own practice, exceeds any yet announced. This averment, abstractedly, savours too much of egotism; and

might have deterred me from communicating even the fact through a medium somewhat popular, were it not that, by withholding it, I should decline a proof which my postulate may seem to require.

Besides, there is little real cause for exultation: for, extraordinary as it may appear, no detailed or even general report of the result of private practice in this malady has ever been published by any British author. I do not recollect one, among the many celebrated in England for his practice or writings on insanity, who has elucidated the subject by a candid statement of the relative proportion of cures to the cases occurring within his personal experience. Consequently, my success may be very inferior to that of many of my predecessors, with whose abilities or opportunities I pretend not to compete.

A defect so remarkable and unexpected, almost justifies the reproach of foreigners—that the many learned English writers, who have

published on mental affections, have displayed greater fondness for speculative disquisition than practical induction. And hence another reason for that general scepticism common in this country, on every matter connected with insanity or insane people. Such being the case, I shall decline so illaudable an example, and subjoin an epitome of my experience, however limited. But as the intention here is simply to shew the success which has attended the treatment of insanity, I have, in the following synoptic view, confined myself to that object solely. What relation the proportions have to the cure of diseases generally, is another consideration.

TABLE II.

A SYNOPSIS of the Result of recent and old Cases of INSANITY.

Aggregate of Cases.	Aggregate of Cures.	Recent Cases.		Old Cases.		Died.	Remain.	Event Unknown.
		Cases.	Cures.	Cases.	Cures.			
296	240	242	221	54	19	22	26	8

This offers a proportion of cures on the aggregate of all cases of 81 in 100; on recent cases, of 91 in 100; and on old cases, of 35 in 100.

It may be necessary, by way of explanation, to add, that some of these cases were treated in an establishment for lunatics under my own superintendance ; but most out of it. Could one class be contradistinguished from the other, perhaps it would be more satisfactory. But this is impracticable ; because many were, at one period, at home or in lodgings ; and at another, in the establishment ; others again were removed from it before a cure was completed : still nearly all underwent medical treatment ; and, except eight, none were lost sight of till the final event was ascertained.

Several of the patients were in a state of fatuity, idiocy, or epilepsy, complicated with mania ; some when I was consulted were in the last stages of acute diseases ; such as inflammation of the brain, pulmonary consumption, &c. where the mental derangement was symptomatic delirium, the precursor of death. The admixture of such hopeless cases, while it much diminishes the ratio of cures, has increased that of mortality infinitely beyond the proportion which would have attended cases of pure insanity.

Candour impels the remark, that whatever share of success has rewarded my humble efforts, it has, probably, been much favoured by an unusually large proportion of recent cases ; which, as we have seen, always afford the fairest prospect of a happy event.

On a deliberate review of all the points elucidatory of the question, whether insanity be as susceptible as other maladies of cure ; still, it must be acknowledged, it cannot be finally decided : for unless the exact ratio of success attending the treatment of other disorders be established, doubt must exist.

We have positive proof of above nine in ten of a large aggregate of cases recovering ; and this, notwithstanding a concurrence of adverse circumstances, from most of which the treatment of all other maladies is exempt. It is a legitimate inference, therefore, that if no other impediments than are usually opposed to the successful termination of corporeal diseases, supervened, the recoveries of cases of insanity

would actually be in excess. This opinion, which an extensive general practice during five and twenty years possibly entitles me to offer, I have reflectively imbibed. A conclusion so opposite to long established opinions, will, no doubt, be received with some hesitation. But let all the facts be set in order, and be dispassionately examined; and I think the premises will bear me out.

It is obvious that the study of mental derangement partakes of all the incidences attaching to the treatment of a disease little known ; therefore, any conjecture on the extent of improvement which may be attained, would be presumptuous. However, we certainly have not arrived at the maximum. The obstacles to that consummation are, indeed, numerous. Nevertheless, they are not to be imputed to a defect in knowledge or enterprize in the faculty. For although possessing every physical qualification, and evincing the most ardent zeal, yet it is almost impossible for a physician to command the means, either moral or medical,

necessary for treating insanity with full effect. The outfit of such an establishment as a philosophic mind would plan and like to conduct, is beyond the ordinary resources of professional men. Besides, success much depends on unconstrained volition in directing the means ; this being denied, few persons of liberal education, or honourable feelings, have been found to make this branch of therapeutics their study ; and still fewer to enter upon the practice of it. These also have been causes obnoxious to the improving of the medical treatment of insanity, but not of other diseases.

There must be a revolution in public opinion respecting insanity, as a human malady, as well as regarding those who superintend the care of lunatics ; and a considerable revolution too, in asylums destined for them, before that point of excellence is attained, which I am persuaded is within reach. It is more easy, I believe, to effect the one than the other of these changes : for public opinion may be influenced by example and reason ; but to render lunatic asylums perfectly eligible, requires a con-

catenation of fortuitous circumstances almost in vain to be expected.

Still, from the laudable emulation recent events have elicited, an admirable disposition every where, in this country, obtains. The alteration perceptible in the system of the most ancient British lunatic institution, Bethlem, is yet new; but the increase in the ratio of cures in it since 1816, which the comparative table shews, is conspicuous, and is a most propitious augury.

If so much have been accomplished—through means which, I will venture to assert, however much desired or sought, have been scarcely ever commensurate, and are often notoriously deficient; and when, besides, the visionary speculations of some and the ignorance of others are eternally counteracting the wisest ordinances—who can refrain from contemplating, without a prescient hope, what might be achieved, were the requisites at command, and were more enlightened views to predominate.

SECTION III.

IS INSANITY AN INCREASING MALADY?

INSANITY, like most other maladies to which humanity is doomed, is superinduced by a variety of causes : some physical , as climate, seasons, situation, the quality and quantity of food, habitude, peculiar organization, and very many diseases ; moreover, by all the passions, and those causes termed affective or moral. Hence, as the respective exciting causes vary, so likewise must every where the number of lunatics. But does it thence follow, that insanity must be increasing ? A conclusion so humiliating cannot be entertained without the most painful reflections ; nor, if it be really so, can the consequences be indifferent, even in a national point of view.

That this malady prevails more at one time than another is indisputable ; but this is no proof of its increment. Constituted as society is, there can never be wanting incitements to the subversion of the intellectual faculties. To particularize them, however instructive in morals or physics, would be here irrelevant. Indeed mental derangement has been truly designated the vice of civilization : for the more polished, the more artificial the people ; and the more prone to insanity. Thus, in most countries of civilized Europe, the number of insane persons, in proportion to the population, does not, perhaps, materially differ. But, in Spain, the inhabitants of which are more characterized by primitive manners, especially temperance, mania is said to be comparatively rare ; while the unsophisticated aborigines of North and South America, are reported, by Rush and Humboldt, to be wholly exempt from this visitation.

Happily, all the physical causes of insanity, with one exception, may be deemed extraneous. That peculiarity of organization, denominated hereditary predisposition, is the only cause which can be

rationally supposed to have a progressive operation in augmenting the number of the insane. But by mere propagation, the effect would be too slow to be perceptible, even in an age: for the malady is rarely developed in all the offspring of a lunatic, and very many of those in whom it appears, die without issue.

What then are the proofs that insanity is increasing? The register of lunatics of the Commissioners for licensing mad-houses, &c. has been referred to, and is the only tangible evidence ever adduced to support this allegation. To comprehend the object and scope, as well as to fully appreciate the value, of this testimony, it will be necessary to enter into some explanation.

All lunatics confined in licensed houses, except such as are under a commission of lunacy and pauper lunatics, should be regularly returned, and be entered in this register. But lunatics in hospitals, public asylums, and gaols, are neither amenable to registry, nor to the Commissioners'

visits. There are, besides, many in private unlicensed asylums, houses of industry, poor-houses, and their own dwellings or lodgings, who are not returned or entered. Many other circumstances likewise affect the accuracy of the register. For instance: the same lunatic is often entered several times in the same year, and every entry is reckoned as a fresh case. Relapses, patients capriciously shifted from one licensed asylum to another, and those sent to public asylums, who, if discharged uncured, generally go into a private one, are, perhaps, repeatedly registered. I have known patients, especially those insane from habits of inebriety, returned, and of course entered, thrice in as many months. Hence it is clear, that this register cannot be a just criterion of the number of lunatics, at any period in England and Wales, nor of the comparative increase of insanity.

With all its defects, however, the Secretary to the Commissioners, Dr. Powell, has attached considerable importance to it, in reference to the increment of this malady; and, in an

ingenious table, has perspicuously arranged all the entries of lunatics since 1775, when the register commenced, to 1815*. The writer of the article alluded to, in the Edinburgh Review, (No. 56,) has likewise had recourse to it as evidence, that the progress of insanity was far more rapid than that of the population of the periods which the register embraces ; and that, therefore, the number of the insane had considerably increased : and, notwithstanding the objections acknowledged by Dr. Powell, yet he coincides with him, that as these were equally applicable to the whole time it has existed, the relative proportions, though not the absolute numbers, deduced from it, might be relied upon.

Since this register is thus invested with high authority, the Secretary's table claims particular attention. It is divided into eight quinquennial periods or lustra ; the aggregate numbers of which, I have extracted.

* Medic. Trans. vol. iv. and Parl. Reports, 1816, p. 79.

TABLE III.

ABSTRACT of the REGISTER of LUNATICS from 1775 to 1814.

	London.	Country.	Aggregate.
Lustrum 1.....1775 to 1779.....	1194.....	589.....	1783
_____ 2.....1780 to 1784.....	1357.....	536.....	1893
_____ 3.....1785 to 1789.....	1365.....	527.....	1892
_____ 4.....1790 to 1794.....	1573.....	719.....	2292
_____ 5.....1795 to 1799.....	1622.....	620.....	2242
_____ 6.....1800 to 1804.....	1835.....	628.....	2463
_____ 7.....1805 to 1809.....	1502.....	769	2271
_____ 8.....1810 to 1814.....	2439.....	1208.....	3647
	12,887	5,596	18,483

Viewing this table abstractedly, it is somewhat appalling: for if the relative increment of entries and the population were a test, the increase of insanity is completely demonstrated. We must not, however, examine its aggregate numbers in the abstract, but in relation with all the contingent circumstances which might influence them. But if no contingencies have occurred since the register was established of a nature to affect it, still there are many valid objections both to the justness of the relative proportions, and the absolute numbers which it represents. Neither can it be fairly inferred, if the ratio of the entries of lunatics in this record have increased more rapidly than the population,

that therefore insanity has increased. Unless, indeed, it can be proved, that the population, like insanity and all maladies, is sometimes progressing and sometimes retrogressing, it cannot be accepted as a measure of comparative increment.

Unquestionably, many important causes, physical and moral, have supervened since the origin of the register, (1775,) and greatly influenced the numbers of entries in the different lustra. Obvious as they appear, nevertheless such causes have been, I believe, quite overlooked.

It is worthy of note too, that the lustral aggregates do not exhibit a progressive increase in number: on the contrary, the third is one less than the second; the fifth is much less than the fourth; and again, the seventh than the sixth lustrum; while the 4th, 6th, and 8th are marked by a large increment.

What are the circumstances which have occasioned these fluctuations in the register of lunatics? Before those which most forcibly strike

me are suggested, I would premise that the imputed contingency is not always coincident with the lustrum in which an increment of lunatics is observed, but is sometimes to be referred to the antecedent ; and that the uniform alternate decrement is probably the consequence of the specific exciting contingency ceasing, or losing its effect.

Thus the late King's first illness, at the end of the third lustrum, (1788-9) an event which induced a universal and deep sympathy, produced also an unusual interest in the condition of all similarly affected ; and this effect was much heightened by the publishing of the examination of the attending physicians, on the nature and probable issue of his Majesty's malady. The result super-added an unprecedented number of entries to the fourth lustrum, which commenced in 1790.

In the first year of the sixth lustrum, (1800,) the harvest was defective ; in 1801 also there was a very great scarcity of corn ; and most of the necessaries of life were extravagantly dear ; and thence an extremity of distress and suffering ;

and thence also an increase of insanity. Here was a physical cause, coeval with the lustrum, and one too that never happens without multiplying the number of insane people. An analogous cause lately produced in France an analogous effect. Bread, an article of peculiar necessity in that country, owing to a failure of the crops, in 1816, was at an exceedingly high price ; and the lower orders were consequently exposed to great privations. Accordingly, La Salpetriere, in Paris, received, in 1817, double the usual number of lunatics recorded in any year since the French Revolution. The lunatic asylums, in Ireland, have also experienced a similar increase of patients, whenever the means of subsistence have been deficient or difficult to procure ; as, for example : in 1815, the number admitted into the Cork asylum rose from 74 to 120.

Again, in the seventh lustrum an incident occurred which had a powerful civil effect. In 1807, Parliament appointed a Committee to investigate the state of pauper and criminal lunatics ; and an Act, commonly called Mr. Wynne's,

passed in 1808, for the better care and maintenance of them. This inquiry and the report thereon, like all others relating to the subject, incited fresh attention to the condition of the insane of all ranks; and hence a vast number, before dispersed, and of course unregistered, were sent into asylums and licensed houses, and greatly augmented the returns. The result was an increase of entries in 1809, which closes the seventh lustrum: it continued from the commencement of the eighth, (1810), arrived at its maximum in 1813, and declined in 1814; *before the Reports of the Parliamentary Investigation in 1815-16 were published.*

Now, if insanity have been gradually increasing, why has not also the ratio of the register? If there were no regular annual numerical increase of entries, still if there were any actual increase of insanity, the aggregate of every lustrum would have preserved a progressive order, and not have intermitted. But the truth is,—the causes being temporary, so likewise were the effects. The contingencies noticed appear to be the real causes

of the accession to the entries in the register; and as the effect of each subsided, a consequential gradual declension of the returns of lunatics followed. Indeed it may be considered as an axiom, which the annals of insanity fully support, that there never was, in any country, a sudden increment of insane persons, without some powerful and evident excitation, physical, moral, theological, or political. While the condition of a people is prosperous, and uninterrupted by violent and sudden changes, insanity never exceeds. But when the dispensations of Providence fail of their accustomed bounteousness, or man by trouble is afflicted beyond his nature, or by his own wilfulness o'erleaps the bounds which nature and reason define; then insanity is engendered; and an increased number of lunatics indefinitely swells the catalogue of human calamities.

To decide whether insanity has actually increased, some datum with which the relative proportion of lunatics at the present with past periods may be compared, is indispensable. The

register referred to, however, is not adapted to this purpose.

Last year, the House of Commons ordered a return of the number of lunatics confined in all the hospitals, asylums, and gaols, in England and Wales; which, if as comprehensive as it might have been, although it could not have settled the present question, yet would have established a precedent by which the future increment or decrement of insanity might always be known. As far as it goes, as I shall shew, by and by, this document clearly disproves any increment.

Finding therefore no evidence decisive of this important point, and being anxious to throw all possible light upon it, I obtained the number of pauper lunatics annually applying to the parish of St. Mary-le-bone. The population of this parish is equal to that of most cities, (above 80,000); and is most rapidly augmenting; and as this district constitutes an integral part of this great metropolis, it naturally participates in all

its vices, and consequent incentives to mental derangement. As the absolute number of admissions of lunatics recorded may be relied upon, and as the returns are open to none of the objections to the Commissioners' register, I conceive this account to be of much weight. It certainly is the best extant upon the subject under consideration. I have therefore copied and annexed it.

TABLE IV.

*Account of the Number of PAUPER LUNATICS of the Parish
of St. MARY-LE-BONE, LONDON, from 1804 to 1819.*

	Total	Admissions.	Men.	Women.
1804.....	42.....	19.....	6.....	13
1805	46.....	12.....	3.....	9
1806.....	43.....	12.....	7.....	5
1807.....	38.....	10.....	1.....	9
1808.....	50.....	22.....	10.....	12
1809.....	49.....	24.....	12.....	12
1810.....	50.....	30.....	11.....	19
1811.....	45.....	25.....	12.....	13
1812.....	49.....	22.....	6.....	16
1813.....	51.....	28.....	12.....	16
1814.....	47.....	22.....	9.....	13
1815.....	45.....	18.....	8.....	10
1816.....	47.....	17.....	7.....	10
1817.....	49.....	21.....	10.....	11
1818.....	53.....	16.....	4.....	12
1819.....	49			
		—	—	—
		298	118	180

The number of lunatics admitted, shews that no increase of insanity has taken place in this parish since 1808. It was then doubled : this fact, however, does not imply an increase of the malady ; but simply and further confirms my conclusion, that the great increase of entries in the Commissioners' register, which is nearly contemporaneous with that in the St. Mary-le-bone, was derived from the operation of Mr. Wynne's Act ; with the passing of which the increase was synchronous. Although it be not obligatory to make returns of pauper lunatics, yet, in the London district, it is common ; for all such patients in licensed houses are, very properly and humanely, always objects of the visiting Commissioners' notice, and largely contribute to the entries in their record. Further : there is another coincidence—the number of entries in both registers declined, after the year 1813.

Were we seeking for proof of the decrease, instead of the non-increase of insanity, a more appropriate one could not have presented than the foregoing return. For when the scale of the

annual admissions of lunatics is compared with that of the immensely increased population of Mary-le-bone parish, and the still greater of increased pauperism within the last sixteen years, a very opposite result might have been justly anticipated. This return of lunatics, although having relation to a considerable population, yet, I admit, is too local and limited to be decisive either of the general increment or decrement of mental derangement. But the unprejudiced must concede, that it forcibly corroborates the justness of the inferences I have deduced.

The late Dr. Willan conceived, there was not sufficient grounds for the opinion, prevailing in 1800, that insanity was increasing*. He computed, that, in Bethlem and St. Luke's, and the twenty-five licensed houses within the London district, there were then two thousand lunatics. Since, the licensed houses have augmented to thirty. Yet, notwithstanding the increase of recep-

* Reports on the Diseases of London, p. 326. By Robert Willan, M.D. 1801.

tacles, we have the authentic evidence of the Parliamentary returns, that in all the hospitals and houses within that circle, there were in May, 1819, but 2005 lunatics ; being an increase of only five in the space of twenty years ; though the population has augmented some hundreds of thousands ! Dr. Bateman, who follows the tract of Dr. Willan, seems to have contented himself with adopting all his predecessor's data on this interesting subject ; without adding any new fact or observation ; though the Parliamentary Reports of 1815, and 1816, offered abundant information. He, however, concludes, that insanity has not increased within the last half century*. Dr. Heberden, whose authority is always to be respected, seems to entertain the same opinion†. Such concurrent testimony surely amounts almost to demonstration. However, to afford every opportunity of forming a correct judgment, I have reduced to a tabular form those

* Reports on the Diseases of London, pp. 24, 25. By Thomas Bateman, M. D. 1819.

† Observations on the Increase and Decrease of different Diseases. By William Heberden, M. D. 1801.

returns of lunatic asylums which have been sent me, and which embraced a sufficient series of years, together with the account of the St. Mary-le-bone lunatics and the entries in the Commissioners' Register.

This arrangement clearly exhibits whatever variation has occurred in the annual admissions into the respective asylums,

TABLE V.

A comparative VIEW of the Admissions of LUNATICS into different BRITISH ASYLUMS, with those of ST. MARY-LE-BONE PARISH, and the Entries in the COMMISSIONERS' REGISTER.

Years.	Bethlem.	Bedford.	Exeter.	Leicester.*	Norwich Bethel	Newcastle.	Nottingham.	St. Luke's.	Retreat, York	Cork.	Mary-le-bone Parish.	Commissioners' Register.	
1794					34							467	
1795					31							454	
1796		21			34							446	
1797		26			33							457	
1798		37			22							433	
1799	201	13			33							452	
1800	235	18			36		281	14	49			477	
1801*	195	14			21		251	8	41			490	
1802	185	10			33		309	11	46			590	
1803	180	14			25		258	6	67			471	
1804	150	7			31		291	5	48	19		435	
1805*	44	16			21		291	12	66	12		423	
1806	64	10			25		264	9	67	12		443	
1807	54	17			26		320	8	66	10		414	
1808	86	13			32		304	13	71	22		454	
1809	105	16			23		296	5	81	24		537	
1810	96	19			35		303	3	69	30		544	
1811	105	20			51		302	10	79	25		639	
1812	92	32	19		29	35	311		50	22		700	
1813	104	40	44	24	32	40	282		73	28		893	
1814	93	25	48	26	20	37	46	291		74	22		871
1815	90	33	48	29	18	53	61	262	-	120	18		850
1816	102	25	36	34	19	51	46	281		87	17		
1817	143	18	25	21	12	33	31	263		95	21		
1818	143	22	32	24	12	45	45	263			16		
1819		13	38	28	13	34	32	270					

* In 1801 and 1805 the admissions into Bethlem were necessarily reduced by taking down considerable portions of the building. In 1816 the patients were removed to the New Hospital.

The annual admissions into the Bedford and Nottingham asylums are from their first opening.

We cannot, upon examining the contents of this table, trace any evidence that establishes an increase of insanity in England and Wales. Compared with the progress of the population, which has augmented probably more than a fifth in the period this view embraces, the direct contrary must be the inference. Neither do the entries in any of the other registers at all accord with the Commissioners'; which is decisive, if proof were still required, that the latter is no test of the increment or decrement of insanity. The only palpable increase of lunatics observed is in the Cork asylum. There, indeed, an afflicting picture presents, and realizes all the ominous apprehensions of the moralist. Within the last five and twenty years, unhappy Ireland has experienced all the evils, which, wherever they predominate, superinduce mental derangement. Rebellion, and all its sad but certain concomitants, "in a remarkable degree," says Dr. Hallaran*, "have augmented the insane lists." The abuse of ardent spirits stands still higher in the catalogue: more than a fifth of all admitted from

* Practical Observations on Insanity, p. 24.

known causes were victims of this dreadful vice. Likewise, those suffering from actual want, have latterly prodigiously swollen the number of the insane in that country.

Happily, political feuds have not proceeded to the same extremities in England as in Ireland ; and although drunkenness has still too many votaries, and therefore many victims in our lunatic establishments ; and actual want has recently been severely felt among the lower classes ; yet hitherto they are not evils of the same extent as their consequences prove them to have been among the lower order of Irish. Therefore the registers of English asylums, though they exhibit many annual variations, present no parallel of a gradual increase of insanity like those of Ireland.

Paris, by geographical position, notwithstanding it may be more exempt from the murky atmosphere and pestilential smoke, in all the physical inducements to insanity very closely assimilates to London. Yet the annual admissions of lunatics into *La Salpetriere* and

Bicêtre, since a regular register of cases was kept in those hospitals, have not experienced any increase, except in the solitary year 1817. In fact, it is asserted, that none had occurred in France since the ebullition of the revolution ceased, till the above year of scarcity and distress. Neither in Germany, except locally, where the ravages and horrors of war were particularly exasperated, has this malady gained ground during the present century.

Referring again to the London bills of mortality, it may be urged, that they are proofs insanity has increased ; because the number of deaths under the head of *Lunatic*, has, in the course of the last twenty years, exceedingly augmented. I have before said that the returns of deaths in those bills import only the degree of fatality attending diseases in particular years, and not that of their frequency. But that nothing may be omitted by which this question can be tried, I subjoin a parallel of the mortality of lunatics in the annual bills and of the entries in the London district, for thirty years.

TABLE VI.

A comparative STATEMENT of the Number of DEATHS of LUNATICS in the LONDON BILLS OF MORTALITY and of ENTRIES in the COMMISSIONERS' REGISTER of the LONDON District, from 1787 to 1819.

	Annual Mortality of Lunatics.	Annual Entries of Lunatics.		Annual Mortality of Lunatics.	Annual Entries of Lunatics.
1787.....	38.....	270	1804.....	141.....	324
1788.....	46.....	257	1805.....	158.....	313
1789.....	71.....	286	1806.....	146.....	293
1790.....	52.....	283	1807.....	135.....	276
1791.....	52.....	283	1808.....	172.....	284
1792.....	57.....	354	1809.....	166.....	336
1793.....	67.....	331	1810.....	193.....	367
1794.....	77.....	322	1811.....	191.....	435
1795.....	91.....	344	1812.....	264.....	448
1796.....	87.....	305	1813.....	207.....	618
1797.....	94.....	342	1814.....	223.....	571
1798.....	83.....	303	1815.....	228.....	543
1799.....	107.....	328	1816.....	230	
1800.....	162.....	339	1817.....	244	
1801.....	127.....	368	1818.....	228	
1802.....	125	441	1819.....	240	
1803.....	135.....	363			

It should be observed, that the circle which comprises the London Bills of Mortality, does not contain all the lunatic asylums within the London district. But the number of lunatics in the excluded asylums, amounted, last year, to 148 only, out of 2005. Therefore, the mortality, upon so small a proportion, can make little difference in the comparison. Now both the bills and register have been, from 1787, under the same regulations, nor has any alteration occurred to

affect either, except increase of population ; yet there is no agreement in their general results. This parallel, however, of mortality and entries of lunatics, exhibits some singular anomalies. To notice them, is, perhaps, digressing ; but it may incite research, and perhaps throw another ray on a subject still profoundly obscure.

In 1746, when the number of insane persons within the bills of mortality was probably two thirds less than it was half a century afterwards, (in 1795), the deaths of lunatics were as many, viz. 91. From 1746 to 1752, they annually averaged 64; from 1753 to 1757, the medium was 86; from 107, in 1799, the number rose in 1800 to 162. Yet the Commissioners' Register records in 1800 only eleven entries more than in the preceding year. Previous to 1799, when the dilapidation of old Bethlehem hospital commenced, the average number of patients annually admitted was about 270; from that date to 1804, when a further reduction of the building occurred, the admissions averaged about 190 in a year. Thence to the removal of the patients into the new hospital in 1816, the

average of admissions was about 80. The obvious consequence of each of these dilapidations, was, that the majority of those lunatics, who would otherwise have been accommodated in the hospital, and in that situation would not be entered in the Commissioners' Register, were sent into the licensed houses within the London district, where most of them would be entered in it. And yet, if we examine the Register, we find but a trifling increase in 1800, when the first reduction in the admissions to Bethlem should have occasioned an influx of entries; and what is more extraordinary, after the second reduction, in 1804, the number of entries in the Register, instead of increasing, was decreasing during the four succeeding years.

Now, does the annual mortality preserve a correspondence with the variations of entries? Just the reverse. The total of deaths of lunatics in 1805, 1806, and 1807, actually amounts to the moiety of the entries in the Commissioners' Register in those years; in 1808 and 1810, it exceeds a moiety; sometimes it is only a third; at others, a fourth.

The greatest degree of mortality attendant on insanity in any public asylum, is, probably, that which took place in the Bicêtre from 1784 to 1794; during the period when the French revolution raged in all its fury, and when the patients in all the hospitals of Paris endured the utmost neglect and misery: in that decade it amounted to near half the whole of the admissions; the number dying being 685, out of 1405. But from 1804 to 1814, in La Salpetriere, the mortality was not quite a fourth. In the Cork asylum, from 1798 to 1817, it has not amounted to a third. In Bethlem, on the *curables* admitted in 1817 and 1818, the deaths very little exceeded a twentieth.

In no lunatic institution does the ratio of deaths to the gross admissions come so near as the mortality in the London bills to the entries in the register of lunatics. There must, consequently, be some other source of supply to the former. And the probable reason for their approximating so closely, is, that all persons who commit suicide, where the verdict of the coro-

ner's jury is *lunacy*, being entered in the bills as real lunatics, are added to those who die naturally and actually insane. But as very few of these juridical lunatics have ever been registered, the number entered in the bills of mortality and register cannot possibly have a very strict relation. Hence, also, it is still more clear, that the degree of mortality of lunatics is no criterion of the increment or decrement of insanity.

Indisputably, there is a visible annual numerical increase of deaths of lunatics in the London bills. But this cannot be otherwise regarded than as a proof of greater attention in all lunatic asylums situated within their limits to the making of regular returns to the parish clerks. In like manner the Commissioners' Register, up to 1815, owes such considerable additions to more accuracy in respect to the returns. In neither case does it indicate an actual increase, either of the malady or of mortality among those labouring under it. But the powerful interest the subject of mental derangement has excited, and which every where pervades, has compelled a more exact performance

of duties, before neglected ; and thus both the register of admissions and deaths have been augmented.

Conclusively : whether the question respecting the increase of insanity in England, be judged by the aggregate entries in the Commissioners' Register (**TABLE III**) ; the account of the lunatics received by St. Mary-le-bone parish (**TABLE IV**) ; the records of English lunatic asylums (**TABLE V**) ; a comparison of the number at present in the London district with the computation in 1800 (p. 69) ; with the deaths of lunatics entered in the London bills of mortality (**TABLE VI**) ; or, even with the progress of the population ; the more clear is the demonstration that it is not an increasing malady.*

* Where the inferences are deduced from a comparison with the Register of Lunatics, it should be understood that record does not extend beyond the year 1815. The Tables III, V, and VI, are consequently incomplete. That there is this default I much regret. I made earnest application to the Commissioners, to be favoured with the aggregate returns of the succeeding years ; but was answered, "that it is not advisable to grant extracts from their books to any individual."—B.

SECTION IV.**IS INSANITY A PREVALENT MALADY?**

THE extent to which insanity prevails in the United Kingdom, is a question in which, individually and collectively, the whole community is intimately concerned. Yet, important as it is in all the relations of civil and social life, what has been advanced on this interesting point, is little else than conjecture. However, the popular opinion is—that insanity is alarmingly prevalent. Such an impression is surely too dreadful to bear, without some effort to ascertain whether it be correct.

What we fear to know, few take the pains to investigate. The dread of death is an instinct implanted in all living creatures; yet we coolly

calculate the probabilities of life, to provide against the contingencies of mortality. Why, therefore, should we not examine and compute the risk of mental derangement? Insanity may be said to be a living death; for, while insane, the unhappy being is lost to himself, to his connections, and to the world. It is easier, perhaps, to reconcile ourselves to the real than to this species of defunction: for the extinction of the vital powers is an event in the ordinary course of nature; but to the deprivation of the intellectual faculties, no consideration can reconcile man. Conscious that the possession of a sound understanding constitutes his superiority, the prolongation of life without it is mere sufferance.

Nevertheless, although insanity be attended with such unhappy effects, and is deprecated as the heaviest of Divine visitations, it is certain that in what degree we are exposed to the probability of its occurrence, has been scarcely regarded.

Independently of the importance of the ques-

tion as affecting moral happiness, it may be truly considered as one also involving the national character.

Foreigners of all countries pronounce insanity as the opprobrium of England. This is not an obsolete prejudice, but one that is current; and has recently been openly promulgated, even in our very halls. Dr. Spurzheim* remarks, that it is certain there are more insane people in Great Britain and Ireland than elsewhere, and most in England. This, however, is obviously an imported, not a practical, observation. As Dr. Spurzheim had no better opportunity than others of ascertaining the number of insane persons in this kingdom, how then was it possible that he could form any estimate of the comparative prevalence of the malady? Or why announce it to be an endemic?

Dr. Lorry† says, that melancholy is a vice born with, and endemical in, the English; and again,

* Observ. on Insanity, p. 164.

† De Melancholia, tome i. p. 94.

that they fall into it without any obvious cause ; and that, upon a change of atmosphere, it will entirely vanish, as if by a miracle*. Others have pronounced a similar judgment. But while Lorry stigmatizes the English as prone to insanity, and designates it *morbus Anglicus*, he compliments the natives by admitting that it frequently originates in their attachment to scientific pursuits†.

Insanity, as I have observed, is the growth of every civilized nation on the surface of the globe, and fluctuates with passing events. It never existed any where as an idiopathic or original endemic ; but as a symptomatic affection it often assumes that form. It so appeared in this country in the time of Sydenham : but these cases were the *sequelæ* of severe intermittent fevers, when the patients became cachetic and fatuous.‡ Intellectual derangement with a propensity to suicide by drowning, is also conse-

* Supr. cit. p. 284.

† Ibid, p. 380.

‡ Opera Medica, Sect. i. cap. v.

quent on the endemics, the *pelagra* of Lombardy and the bilious remittent of Bussorah. Or insanity may assume the character of an epidemic. This form, however, is always a characteristic of the ages of superstition and credulity, or of those epochs when the imagination, heated by some new and abstract doctrine, has induced an excess of religious or political fanaticism among the multitude. Such examples Germany and France, as well as England, have experienced of epidemic insanity.

There may have been a time when the habits of the English were more predisposed to mental affections. History exhibits in every nation, periods when, the inhabitants too much indulging in gloomy despondency, frequent insanity was superinduced. But the annals of the Continent refute the attempted stigma, that the malady is peculiar to England : they afford indeed abundant proofs of its universality. Perhaps, and I believe and hope it is so, the unhappy lunatic, as in the United Kingdom, has become every where more an object of public attention ; and hence it has

been judged, that madness more abounds. Every disease, however rare, is supposed to be more rife whenever any circumstance brings it under the immediate cognizance of the unprofessional. As we have seen, there has been a catenation of circumstances to make insanity a prominent subject: a consecutive, but not, therefore, a true, inference has been deduced, respecting its frequent occurrence and general prevalence.

Why the English have been supposed to be more obnoxious to mental maladies than other people, I have never, though sedulously inquiring, been able to discover. May not this obloquy have originated in Dr. G. Cheyne's popular treatise, entitled "*The English Malady*"? There is scarcely a foreign writer who does not quote his authority for imputing to the natives of this island an extraordinary predisposition to melancholy; and particularly to a species of hypochondriacism, to which Dr. Cheyne gave the generic term "Spleen;" and which foreign nosologists have introduced into their systems, and classed by this vernacular appellation.

Having once imbibed an opinion, that the English were peculiarly prone to insanity, it was no violent assumption to infer, that they must consequently be most devoted to the practice of suicide. Accordingly, we find divines, philosophers, poets, and authors of all kinds, adopting it as an historic fact ; and attaching this crime as innate in the British character. Even the celebrated Montesquieu has condescended to become a vehicle of this calumny.

Feeling as a Briton, jealous of the moral, as well as of the religious principles of my countrymen, I have before endeavoured to repel this charge.*

Suicide being an act generally ascribed to the effect of a distempered mind, if it exceed more in this than in other countries, the accusation that insanity is most common in England, would in part be justified ; but as the imputation of a

* Observations on the Comparative Mortality of Paris and London. *Lond. Med. Repository*, vol. iv. p. 441.

stronger propensity to the dreadful vice of self-destruction, appears to be unjust, it behoves every one who entertains a proper regard to the duties of a Christian and a citizen, to remove an aspersion that reflects both on his principles and his country. Besides, conceiving it to be one among the numerous errors on the subject of mental derangement, and particularly affecting the question respecting the comparative prevalence of the malady, it is perfectly regular here to state the evidence which disproves it.

London and Paris possess physical features of greater similitude than other cities. The population within the London bills of mortality much exceeds that within the department of the Seine, in which is included Paris: the difference may be about as 10 to 7. The number of suicides reported in the London bills of mortality average annually about forty. Many, however, who destroy themselves are returned as *lunatic* by a Coroner's inquest, and are entered in the list of mortality as having died insane; and thus virtually diminish the suicides below the actual num-

ber. To ascertain the exact number of those on whom a verdict of lunacy has been returned, but who died by their own hands, is impossible. Yet were we to allow one half the deaths of lunatics entered in the London bill for 1819, viz. 120, to be suicides, and add the whole of the known and supposed suicides, viz. 40 ; and grant that 40 more were unaccounted for, still the total would be only 200 : this makes the ratio of suicides in London to Paris, about as 2 to 3, though the population is as 10 to 7.

At the eventful era of the French revolution, and for some years after, the lunatic establishments of France were inundated by the victims of that great event. For the same reasons suicide arrived at a terrible frequency. We will pass over that period of horrors, as incommensurable with any other. To borrow the language of the annual report of mortality of the twelve municipalities of Paris, in 1813, in speaking of the number of drowned, "For ten years," says the Report, "the number of drowned amounted, annually, to 5 or 600. The diminution to 243 is ascribed

to the watchfulness of the police, and to the care of the Council of Health having perfected and multiplied the means of succour."

Now it is well understood, that those who are reported, *drowned*, in Paris, are mostly considered to have met a voluntary death ; for the occupations of its inhabitants very little expose them to that accident. The acknowledged suicides, together with the drowned, amounted, in 1813, to 384. The number returned as *drowned*, in London, averages only about 100 in the year. They who are acquainted with the Thames and the Seine, and the active scenes of business on the one, and the listless passage of floats of timber, with the baths and washing stages stationed on the other, can well appreciate the contrast, and the probable difference in the number of real casualties happening on either. When, therefore, 310 are reported as drowned in the Seine in 1817, and the suicides were about equal, a pretty accurate guess may be ventured, as to the ordinary number of suicides in Paris. In the four first months of 1819 they amounted to 124 : at the

end of June the number had arrived at 199. So frequent, indeed, had suicide become throughout France, that a petition was presented last May to the Chamber of Deputies, praying for the revival of the ancient law against this crime ; and as a proof of its prevalence, it was stated, that four cases of self-destruction had occurred in one day in the city of Lyons !

What a frightful picture of human nature ! What a lesson to those who would subvert religion and the laws ! "Reflection," a journalist, justly observes, "in minds devoid of religious sensibility, must frequently turn to fierce desperation; and produce the very deeds against which it was designed to shield us." Such has been the consequences resulting from the state of public opinion and morals in the French people.

Prevalent as suicide is in France, there are some parts of Germany where it is more so. Mr. Kamptz, of Berlin, in a recent statistical work, founded on official returns, has reported the proportion which the suicides bore, in 1817,

to the population of the following cities. I have added the decimal proportion to every thousand of inhabitants.

TABLE VII.

The PROPORTION of SUICIDES, to the POPULATION of various CITIES, in 1817.

	Suicides.	Population.	Proportion.
Berlin.....	57.....	166,584.....	or 0,34 in 1000
Potsdam(exclusive of the military) }	77.....	15,426.....	or 4,99 in 1000
Frankfort on the Oder }	41	12,500.....	or 3,28 in 1000
Breslaw.....	58.....	63,020.....	or 0,92 in 1000
Leignitz.....	37.....	10,000.....	or 3, 7 in 1000
Reichenbach.....	56.....	3,500.....	or 16,0 in 1000
Magdeburgh	50.....	27,869.....	or 1,79 in 1000
Merseburgh.....	39.....	6,000.....	or 6, 5 in 1000
Dusseldorf.....	24.....	15,000.....	or 1,6 in 1000
Totals.....	439.....	319,899.....	or 1,36 in 1000

To these I shall subjoin the proportion of suicides in Copenhagen, Paris, (*rated only at the official returns,*) and London.

	Suicides.	Population.	Proportion.
Copenhagen....	51.....	84,000.....	or 0, 6 in 1000
Paris.....	300.....	700,000.....	or 0,42 in 1000
London.....	200	1,000,000.....	or 0, 2 in 1000

Consequently the proportion of suicides in the capitals of Paris, Berlin, and Copenhagen, is, in relation to that of London, as 5 to 2, 5 to 3, and 3 to 1.

Thus, if the prevalence of suicide be truly a test of the prevalence of insanity, we have here positive proof, that mental derangement is less frequent in England than in several other countries.

Were we to extend the inquiry into the provinces of England, it is certain the ratio of suicides would be much diminished; for in a metropolis, where the incentives are most frequent, it will ever superabound. The contrary seems to obtain in Prussia: but in 1817 that country was still suffering under the miseries war had inflicted; from which, perhaps, Berlin experienced the least of any of the other cities.

Creditable as this result is to the British character, yet the pious and the philanthropic will acknowledge little reason for gratulation; since it

only proves that among nations we are the least demoralized: and it's a poor consolation to be merely lowest in the scale of impiety. Suicide, it must be confessed, is a vice still much too common in England.

Upon the comparative prevalence of insanity at different periods in this country, and especially of the present with the past, our information is exceedingly deficient. Dr. Powell, aware of the uncertainty which obtained on this subject, published a paper with an express view to its elucidation.* But the only evidence he refers to as reflecting light upon it, is, the Commissioners' Register of Lunatics. This document, for reasons already explained, is no better a criterion of the number of lunatics in this kingdom at any specific period than of the increment of the malady. The learned writer, however, concludes, that insanity ought not to be considered as a complaint of very common occurrence. He grounds this inference upon a contrast of the aggregate of

* Medical Trans. vol. iv. p. 142.

lunatics registered in 1800, with the census of the population of the same date, and a computation of the relative proportions ; whence it appears, that there is *one* lunatic only in 7300 persons. Admitting this proportion to be just, none would pronounce insanity a prevalent malady ; and all apprehension on that account ought to cease. But, this calculation is evidently erroneous. The proportion of the insane to the sane is much nearer : yet I perfectly concur with Dr. Powell, that insanity is of rare occurrence.

Again rejecting the evidence of this register, and, of course, the deductions from it, as illustrative of the comparative prevalence of insanity at different periods in England ; let us examine if there be any data affording more satisfactory information.

Notwithstanding the various parliamentary proceedings which, *& fortiori*, indicated the obligation of more precision touching this subject, yet, in reality, the greatest uncertainty prevailed.

The vagueness of every estimate may be judged from the evidence of Mr. Dunston, the respectable superintendant of St. Luke's Hospital. He, from his long experience and frequent intercourse with those most conversant, might be supposed to be pretty well informed; and he stated, that he conceived there were then (1815) 6000 or 7000 lunatics confined in the London district.* The Secretary of the Commissioners alledged, that the number in the licensed houses within that circle was about 2000 only; and it was known, that the number in the public hospitals of London did not exceed 500: therefore, the total was scarcely one-third the number surmised by Mr. Dunston.

Returns were made to the House of Commons last spring, of the number of lunatics and idiots in every public or private asylum, licensed house, and gaol, in England and Wales†. To the extent they go, these papers furnish authentic evidence.

* Parl. Reports, 1815, p. 127. + Appendix (C & D).

what view the returns were ordered I am unacquainted. But whatever was the object, it is truly lamentable that they are so glaringly defective and inaccurate. They do not comprehend the lunatics and idiots in work or poor-houses ; although the law was then in contemplation, which has been since enacted, making it compulsory on parish officers to remove all dangerous pauper lunatics and idiots into county or district asylums ; and where there is no such establishment, into licensed houses. Several private provincial asylums too are wholly omitted. But will it be believed ? The largest lunatic hospital in the empire is quite overlooked : St. Luke's is not in the list ! Neither is the small, but excellent establishment attached to Guy's Hospital, nor the celebrated Retreat at York. One private asylum, in Sussex, containing forty patients, is placed among the public ones. Correcting these blunders, and adding the patients in St. Luke's, Guy's, and the Retreat ; which, together, amounted to about 340 ; and omitting the lunatics in the Sussex house, which should be carried to the account of private asylums ; the aggregate in all the public asylums, hospi-

tals, and gaols in the kingdom, was, in May last, 1,456 ; of which 483 were in the London hospitals : in all the private asylums the aggregate was 2,585 ; of which 1,522 were in the London district : therefore the total in the London district was 2,005 ; and the grand total in England and Wales was 4,041 !

These returns are probably correct, as far as regards the number of lunatics in the places they include ; because there appears no reason for deception. But the actual number in the kingdom is still uncertain. To supply this defect we can only have recourse to incidental and conjectural evidence.

The lunatics omitted in the Parliamentary Returns are of three classes.—1. Those in private unlicensed houses. The number of these cannot be great ; because, although several such houses are not included, yet they are small ones, and contain collectively but few patients.—2. Pauper lunatics and idiots. Of these it was reported to Parliament, in 1807, there were in houses of

industry, work-houses, infirmaries, gaols, and in private custody, 1915: however, this was short of the actual number; for several counties omitted to make any returns. The Act providing for this description of lunatics followed in 1808: since, many hundreds have been sent either into county or licensed asylums, and who now form a considerable proportion of the lunatics included in the Parliamentary Return. From the operation of this Act, the number at present in those forlorn situations, and not enumerated in the above total, must be comparatively few.—3. Lunatics in their own or private dwellings. These I judge, from professional and other information, not to be numerous; though, probably, more so than the first and second class conjointly. There are, however, no means by which their number can be ascertained.

Still, with all the omissions and errors, this return of lunatics to Parliament is a valuable document; and, like the census of the population, if periodically made, will always be a

gauge, by which the prevalence or future progress of insanity may be established.

Let us suppose that the number of all classes of lunatics omitted in this return, amount to half the number included in it: then the total of lunatics in England and Wales would be about 6000. This estimate we will assume to be nearly correct. What standard then offers with which this enumeration may be compared, and whence the degree in which insanity prevails may be measured?

According to the census of 1810, the population of England and Wales was about ten millions and a half; being an increase, since 1800, of 1,300,000; therefore, to rate the population, in 1819, at twelve millions, must be a moderate computation. Now the relative proportion of 6,000, to 12,000,000 is a *unit* to 2,000. This, in comparison with one lunatic in 7,300 persons, is a high proportion. But, accepting the former, and, consequently, more unfavourable proportion, does

it justify the conclusion, that insanity is an exceedingly prevalent disease?

In relation to the population, although this ratio be more than thrice Dr. Powell's, yet I feel assured it does not warrant such an inference; and in relation to the occurrence of other maladies, I am convinced very little reflection will induce a concurrent opinion, that insanity is, comparatively, in England a rare affection.

In respect to Ireland, our information, either as to the population or the number of lunatics it contains, is too ambiguous to form any calculation of the relation the one bears to the other. A conviction is entertained, that insanity is very prevalent in that part of the united kingdom. But the probability of error is always increased when inferences are deduced from popular opinion only. Thus, Ireland, not being under the same system of poor-laws as England, the consequence is, there are no poor-houses in which pauper lunatics are confined; and therefore they

wander at large, and everywhere present to the observation of travellers : whence they are supposed to be more numerous than they really are. Nevertheless it cannot be doubted, that as the lower orders of Irish are exposed to privations unknown generally to the same class of English, insanity, which always has relation to the means of subsistence, must exceed among the former.

Mr. Rice* indeed conceives that insanity is on the increase in Ireland. He thus infers, physically, because it is hereditary, and connected with a scrofulous habit also hereditary ; and morally, because of the vicious custom of excessive drinking of ardent spirits, and the frequent abuse of mercury. But the recently great influx of lunatics into Dublin is from remote parts of the country ; which is distinctly ascribed to the general knowledge of the successful treatment in the lunatic institutions of that city. A similar impression has also augmented the patients in the Cork asylum.

* Report on the Lunatic Poor in Ireland, 1817, p. 21.

Precisely for the same reasons the Paris hospitals, are stated to have overflowed.* Waterford and Limerick, and all the Irish lunatic institutions of repute, have also experienced a great increase. The probability is, that "this pressure," quoting the report, "which is every day increasing," may in a great measure be imputed to the humane attentions of Sir John Newport; who has for some years been exerting his talents and influence for the amelioration of the condition of Irish lunatics, in the same praiseworthy manner as Messrs. Wynne, H. G. Bennett, and other eminent characters, have, for the benefit of English, and Lord Binning, for Scotch lunatics. For the present, however, we must suspend our judgment as to the actual extent of insanity in Ireland.

Regarding Scotland, the information is more precise. A return made by the Scotch parochial clergy of the number of lunatics and idiots in that

* *Rapport sur l'Etat des Hôpitaux, &c. à Paris, 1804, jusqu'au 1814.*

country, shews that it amounted in 1818 to 4650 ; but from omissions it may be calculated at 5000*. This averages about five lunatics for each of the 992 parishes of Scotland ;† and reckoning the population is two millions, would give a proportion of $2\frac{1}{2}$ to every 1000 persons. Such a ratio, compared with that for England, is so immensely disproportionate, that we must infer either that insanity is prevalent in an infinitely greater degree in Scotland than in England, or that my calculation of the number of lunatics and idiots in the latter is still much too low. If the returns from Scotland be correct, those who are acquainted with the moral and intellectual character of the Scotch, will be greatly surprised at this result. It is what indeed could not have been anticipated. However we must leave to philosophers and political economists the task of developing the causes which have produced effects so opposite to ordinary conceptions.

* Appendix, (E)

† This is a little above the Rev. Dr. Baird's average of Lunatics in Scotland. (Vide Dr. Halliday's Letter to Lord Binning, App.).

The degree of incertitude which obviously exists on points of such vital importance, shews how very limited our knowledge is, and evinces the urgent necessity of stricter investigation. We dare not, on such loose testimony, venture to deduce those inferences which the premises would warrant ; lest, in so doing, we contribute to attach obloquy where it is most unmerited, and to fix national distinctions, which are as useless as they are invidious.

But enough surely is advanced to refute the general conclusion, that insanity is extraordinarily prevalent, and that it exceeds in England.

SECTION V.

HAS INSANITY DECREASED?

HAVING discussed the questions concerning the increase and prevalence of insanity in this kingdom, and decided in the negative, a question spontaneously emanates, whether it may not have decreased ?

Were the late returns of lunatics to Parliament compared with former prepossessions respecting the number of insane dispersed throughout this country ; or with the number reported to be actually in different hospitals and asylums in 1815-16, a conclusion must follow, that there has been a rapid decrement. Such a conclusion, however, is contrary to reason. For although many physical and moral causes may suddenly

increase the number of insane persons, yet there are none which can as quickly restore them to sanity. Therefore if any decrement be detected, it must have been gradually accomplished.

It appears from the evidence of the Secretary of the Commissioners, that, in 1815, the number of lunatics in all the licensed houses within the London district, was about 2000. But in 1816, he represents the number as between 1700 and 1800. Now the Parliamentary Return shews, that, including chancery and pauper lunatics, who are not strictly cognizable by the Commissioners, the total of lunatics in those houses in May, last, was only 1522! Here is a successive reduction which implies, either that the number stated by the Secretary was conjectural, or that a real decrease had occurred.

Bethlem and St. Luke's, also, compared with former times and their capaciousness, are reduced in the number of inmates; and likewise evince an unusual paucity of applicants. The former had only 193 patients in it in May, 1819; and the

latter, which has accommodated above 300 patients at one time, and which has had 340 or 350 *curables**, waiting for years to be admitted ; and which, moreover, comparatively escaped reproach during the late investigation, did not contain more than 270 ; and, of course, instead of 350 waiting for admission, had not one applicant on the list.

If the number of patients reported to be in licensed houses in the London district, in 1815-16, be collated with the return in 1819, it will be seen, that, with one or two exceptions, no house retains its original number ; while some have sustained a great reduction ; and that two or three only have received an addition ; which additions collectively do not exceed fifteen or twenty patients. One of the excepted private establishments contains many hundreds of pauper lunatics ; which class of patients only in it has been augmented ; and this increase is in consequence of additional

* Parl. Rep. 1816, p. 32.

accommodations recently erected for their express reception.

There is no document extant, nor any evidence whatever, that does not favour the inference, that the ratio of insane persons to the population diminishes every year. Not one register exhibits an increase of admissions of lunatics, except where specific causes have existed, as lately in France and Ireland. This fact itself is a host. Further; if the progress of population during the space which the table, No. V. retraces, be compared with the annual admissions, the latter is so disproportionate to the former, it is impossible to avoid suspecting, that if not decreasing, insanity is at least stationary.

The register of the number of lunatics annually demanding the aid of St. Mary-le-bone parish, is a proof, unique in its kind, and singularly apposite; since it applies to a particular, and by far the largest, class of an immense population. Had any circumstances, physical or moral, supervened, since 1803, to induce mental derange-

ment among the inhabitants, the register would have indicated that effect and the date of its occurrence. There is an increase from ten to twenty-two entries in 1808 ; but this, like many other facts, only confirms what I have had frequent occasion to insist on, viz. that the civil effect of the Parliamentary Inquiry respecting pauper lunatics in 1807, and the passing of Mr. Wynne's Act in 1808, greatly increased at and after that period, the entries of lunatics, generally, in most institutions, as well as in the Commissioners' Register.

It has been suggested that the extraordinary reduction of lunatics, which is evident in the public and private asylums in the London district, is the effect of the late investigation into the state of mad-houses, &c. ; and that, in consequence, several private asylums have been opened, against which there being no prejudices, these, and the new provincial lunatic institutions which have been subsequently finished, have received the patients the older establishments have lost. But the Parliamentary Return

proves the contrary. For the eight or ten licensed lunatic houses which have been established in the London district since the inquiry, do not average five inmates each ; nor does the aggregate of those received in the newly erected public provincial asylums, with the additional number admitted into private provincial asylums, amount altogether to 200. Yet there is a reduction of 500 lunatics in the London district since 1815, and the country districts have not received a surplus. Let me inquire then, if there have been an increase of lunatics, where are they ?

Can it be that the indiscriminate odium which attached to lunatic asylums, from the exposition in 1815 and 1816, should still so far operate in 1819, as to deter the friends of lunatics from confiding them, as heretofore, to such establishments ? and hence, that the diminution of lunatics in asylums, is compensated by the increase of number out of them ?

Such an explanation has been suggested ; not only from its plausibility, but because there

are so many more lunatics now than formerly, permitted uncontrouled to roam at large; who are daily committing violence on themselves, their connexions, or the public—an evil, which, if no other sense predominate, those of self-security and decorum will soon, I hope, interpose, and prevent. Again; this opinion has been countenanced from the increase of physicians who profess to make insanity their peculiar care; there being at present in London at least a dozen, when five years ago, there were three or four only in this line of practice. Conjecture, however, is not proof. For although immediately subsequent to the inquiry more lunatics were met with in private practice, yet there is reason to suppose the number at present is nearly as before. It's a conclusion much more natural and creditable, that such glaring defects in the medical, as well as in the moral treatment were disclosed as to excite a laudable and very general emulation. Hence a fresh impulse was infused into old establishments; and new ones, professing improved methods of management, were instituted; and, as the readiest road to professional fame, that a

greater number of the Faculty had devoted themselves to the study and treatment of this malady.

None can doubt, that the inquiry and frequent discussion in Parliament relative to lunatic asylums, and the condition of insane persons, has had wonderfully good effects. The promulgation of the evidence of many individuals of experience and character, has drawn aside the veil of mystery, in which it is the interest of too many to envelope the subject of insanity. The public was taught, and the relations of lunatics, to whom it came home, gathered information, that, under proper management, a lunatic had a good chance of recovery; and that, under bad management, he might be incarcerated for life. A reformation was consequently effected in every asylum. Every superintendent learnt, that, in future, neglect would be considered and visited as a crime. Hence the art of medicine and the advantages of regimen were tried, where before they were contemned.

In short, the spirit of improvement has gone

forth ; and the impulse being once infused, nothing, probably, in the natural course of events, will prevent the system, both physical and moral, of treating the insane, from attaining its climax. But out of the natural course of things, there are many impediments to be apprehended : above all is—a predeliction in certain persons who mean well, to fancy the emanations of their own abstract speculations practical principles. With them, experience is nothing—experiment every thing. Even these pseudo-philosophers, as they enlarge the sphere of their observations, will correct their aberrations, and follow the dictates of common sense.

But admitting that a great reformation has taken place, since the parliamentary investigation, can it be possible that in the following four or five years, there was so great an improvement in the system of treating the insane as to have diminished the number of lunatics to the extent stated ? I pretend not to infallibility ; and there may be some reason for the decrease which I cannot discover. Yet I perceive nothing im-

probable or absurd in the expectation, that it is the effect of this cause. The comparative table of cures favours the presumption, that the number of insane has, owing to the more general application of curative means, and also of general improvement in lunatic asylums, actually very much diminished. The difference in the proportion of cures in different institutions fully evinces how powerfully the ratio of recoveries is influenced by the system they severally pursue. Witness, the increased success in Bethlem, since the change in the medical and moral treatment of the patients. If we calculate the effect of a simultaneous change in the whole range of asylums, in a succession of four years, does it not then follow, as effect the cause, that a gradual reduction in the aggregate number of lunatics has been induced, till the result is what we see, and what humanity has ardently anticipated? I avow, this appears to me the real explanation of the diminution of lunatics, as exhibited in the return made last spring to Parliament, comparatively with the number said to exist in 1815.

To predicate that the number of lunatics is stationary, would be to support a paradox. There are always, as has been noted, abundant incitements to mental derangement without referring to propagation by hereditary taint: consequently there will ever be a supply of fresh cases. If these be neglected, lunatics must accumulate; if, on the contrary, attention be given, and judicious means be applied, even the accumulation of old cases will be very slow—certainly imperceptibly slow. And if attention be extended to old as well as to recent cases, it is highly probable the recoveries of the former will be equivalent to those which resist remedial means among the latter. Therefore, if the balance of the general account of the last few years exertions could be struck, I conclude it would exhibit a large debet in favour of the cures.

Consequently, if the recoveries be so much more numerous than formerly, there is a complete solution of every doubt adverse to a comparative paucity of insane persons.

SECTION VI.

CONSEQUENCES OF ERRONEOUS VIEWS OF INSANITY, IN REFERENCE TO LUNATIC ASYLUMS.

IT is easy to conceive, that many and serious consequences must flow from an impression contrary to facts, that insanity is rapidly increasing, and has become exceedingly prevalent. One result, and that of the highest physical importance, is, the encouraging of the opinion, of its being a malady respecting which we know so little, that the curative art is vainly employed to restore an unsound mind to a state of sanity. It follows, immediately, that insanity is suffered to extend ; for the friends of a lunatic, in despair of relief, are induced to neglect or relinquish too early, proper remedies: and, meditately, the disorder is fostered ; for all the preventive means which the prophylactic art might suggest, are wholly superseded. Thus the incipient approaches, even when perceptible, proceed to the crisis of

a desperate paroxysm—an event which, if more correct views of the malady had been entertained, might, probably, have been evaded. Hence also, the stigma that the English people are naturally most obnoxious to mental derangement, which I have endeavoured to demonstrate to be a fallacy, more strongly attaches.

Besides, erroneous impressions respecting the rapid' increase and consequent accumulation of lunatics, sensibly affects subjects involving public economy. Nay, it is manifest also, that, locally, the burthens of the inhabitants are consequently augmented. For instance: if the number of insane persons be supposed to be fast increasing, prospective arrangements may be made to meet the growing evil; which, if there be no increase, will be superfluous. Or, if the number really existing be over-rated, those whose duty it is to levy assessments, and those who voluntarily contribute to make adequate provision for them, by building asylums, and forming regulations for the greater melioration of their situation, &c. may be unfortunately misled: and in this manner a vast charge be entailed, and much toil be

uselessly bestowed. That this is not begging the question, I shall proceed to shew.

Conformably with the humane intent of Mr. Wynne's Act, (48, Geo. III. c. 96,) and from the impulse given by subsequent parliamentary inquiries and discussions, many county or district lunatic asylums have been built, and others are in progress or projecting. The expense of erecting and maintaining such asylums is defrayed, either by a rate on the county or district, or partly by such means, and partly by eleemosynary aids. Each asylum is, of course, built on a scale adapted to the probable number of lunatics the county or district has in it, and requiring accommodation. Suppose, when the asylum is completed, it be experimentally found, that there are not, in the county or district, lunatics enough fully to occupy it? Has not, in that case, a greater expenditure been incurred than was requisite, by just as much as the edifice is too large? How is the establishment to be supported, and the building be kept in repair, if there be a deficiency of patients whose payments are relied upon to cover current charges? Must not

the burthen of all defalcations be borne ultimately by the inhabitants of such counties or districts, or, in other words, by the public? If, therefore, from miscalculation, or rather as it would appear in several instances, from no calculation at all, of the number of lunatics requiring confinement, a false estimate be made; in such cases these institutions, the purport of which is wise and truly philanthropic, must become seriously onerous; and, perhaps, in perpetuity on the country.—That such things are, there is already proof.

A very short space brings every county lunatic asylum to the test of its proper appropriation: for “an ACT for making provision for the better care of pauper lunatics in ENGLAND,” (59 Geo. III. cap. 127) which amends a defect in Mr. Wynne’s Act; makes it compulsory on all parish officers to bring every *dangerous* lunatic or idiot, chargeable to a parish, before a Magistrate. Such lunatic must be committed to a public asylum, if there be any within the county; if not, to the nearest licensed house; where he must be maintained till cured or declared harmless. Now the effect of this law ought to be to occasion the im-

mediate removal of pauper lunatics into the county asylum ; therefore if it be not full a few months after being opened, it must be inferred that there are no more parish lunatics to send into it. This decides whether the building is on a plan too extensive for the county or district which has erected it. As examples : let us particularize a few institutions, apparently so circumstanced.

The Norfolk Lunatic Asylum was built to receive 100 patients ; and its wings are so constructed, that additional cells could easily be added. It was opened in 1814. The admissions in the five years and a half have been 243. The last three years, the patients in it have averaged only 80 ; though the Magistrates, with a very laudable anxiety, have searched the county to fill it.

The Wakefield Asylum, for the West Riding of Yorkshire, is intended for 150 patients ; and was opened, November, 1818 ; but in May last it contained only 77. Yet the population of this district is upwards of 700,000.

The Stafford Asylum was built for 120 patients ;

and was opened, October, 1818. As yet it contains only 65. The whole population of the county is about half that of the West Riding of Yorkshire.

A very superficial observer will notice, that considering the very wide difference in the extent of the population of the two last districts, a gross mistake must have been committed by the projectors of the Wakefield or the Stafford Asylum : for either the one must be too small or the other too large. The former can accommodate only twenty more patients than the latter, though the population be double. Both cannot be correct. And it already is discovered, that the Stafford Asylum is too large by one half. These facts evince much inconsiderateness ; and ought to admonish those who are disposed to promote such institutions to decide with more caution. The secret spring of these inconsistencies, it is much to be feared, is to be traced to that jobbing spirit, which so often sacrifices public good to private advantage. In short, of all the pauper lunatic asylums erected, I cannot hear of more than two or three, where the design and the object when completed, have proved commensurate.

Other lunatic asylums, erected under the same legislative authority, have been established upon a principle of union ; being supported by donations, subscriptions, parochial collections, and by payments according to different classes of patients. Of this description is the excellent General Lunatic Asylum of Nottingham. It was opened in 1810 ; and is said to be capable of accommodating about eighty patients.* But it has not averaged annually more than forty-six ; and, in July last, had but forty-eight patients in it. We may judge of the disappointment of its projectors and supporters, by the last report, (1819) ; which says, that “the visiting governors, and all other persons who take a lively interest in the welfare of this institution, cannot fail to be seriously impressed with the important fact now exposed to their view : *that the excess of the ordinary expenditure of this year, has exceeded the whole amount of the Board of Patients, by a sum nearly equivalent to the whole annual subscription* ; and that this has happened to an establishment, *originally contemplated as self-supported* ; and

* Parl. Rep. 1815, p. 177.

which was actually declared to be so in two of the annual reports, within the first seven years of its existence. Several causes have probably combined to produce this result, of which the chief will be found, in a diminished average of the number of patients admitted into the first, and into the higher department of the second class."

Even the Exeter Asylum, which is the only lunatic institution of any kind reported to be in Devonshire and Cornwall, and in its constitution has much the character of a private asylum, has averaged, since 1811, only thirty-four admissions; and, in March last, had forty-five in it; though it can accommodate fifty-four patients.

Hereford possesses a small asylum, which was founded about twenty years ago, by a county subscription. It will accomodate only twenty patients. But notwithstanding its contiguity to Wales, which, according to the returns, does not contain a single public lunatic asylum, and but one private house, there has never been a sufficient number of lunatics admitted to support it; and it

is therefore let to a surgeon for a private establishment.

This exposition proves, that there is neither prescience of design nor unity of principle in the views of those who have undertaken the establishing of public lunatic asylums: whether for different classes or only for paupers, the same want of judgment is too apparent.

In truth, three capital errors are principally conspicuous: First, It seems that, in some instances, the number of pauper lunatics and idiots, chargeable to the poor-rates in the county, was never accurately ascertained before the plan of the asylum was arranged. Second, that where the enumeration was accurate, *all* were reckoned upon as future inmates; whereas such only as are deemed *dangerous*, are liable to be sent to an asylum: consequently, not more perhaps than three-fourths of those returned as lunatic, when the building was ready, were remoyed into it. This distinction of *dangerous*, leaves too much discretion with the parish officers. They avail themselves of it to detain many insane and

fatuous persons in the poor-houses, who, although not actually mischievous, yet are exceedingly great nuisances to the other poor people, with whom they are allowed to associate. An ill-judged parsimony, to save a shilling or two per week, is the real motive for keeping such objects in situations ; by which, not only the chance of recovery, but the comfort of many unfortunates is sacrificed. Third, most who have taken an active part in providing these excellent institutions, have done so, under a very just conviction, that many lunatics, who heretofore were dispersed among the various poor-houses, would, under better management in an asylum, be recovered. Yet, strange to say, they have built them upon a scale calculated to the supposed number of lunatics in the county ; and, as if that number were always to remain permanent. They forgot, that, agreeably to their own views, the number in future to be taken care of, would, through the means themselves have provided, if those means prove successful, be annually diminishing ; and that therefore, in all probability, in a few years, an asylum adequate to the reception of the original number, would, that number

being gradually reduced by more frequent cures, be larger than was wanted.

This, we find, has literally happened in most public asylums recently established ; and although the result is a consolation offered to humanity, yet such results should operate as examples to act with more wisdom. A little more foresight would, in all these instances, have prevented a very unnecessary expenditure, and still every beneficent view have been as effectually attained.

The means of avoiding a dilemma so painful to those who are actuated by such admirable motives, appear very simple. Before the plan of an asylum is digested, let a careful survey of the pauper lunatics of every parish within the county or district be made. An ordinary return by the parish officers to an order of the justices will not suffice : it should be certified by a regular medical practitioner, on examination of every lunatic or idiot chargeable to the poor-rates ; and he should report upon every one, whether *dangerous* or otherwise. Even after the

number is thus ascertained and reported, ~~the~~^{an} abatement from the total should be made; on the presumption that many, when properly treated, will recover ; for it may be relied on, that the future will never equal the first influx. The omission of these precautions has been the occasion, generally, of the errors committed both as to the capacity and the occupancy of public lunatic asylums.

The threatened embarrassments of the Nottingham asylum implies the great probability, that lunatic asylums upon a mixed plan will not succeed. The commingling of paupers with lunatics of superior classes, will, while a maintenance at the same expense can be provided in private asylums, be commonly preferred. The reasons for a preference of the latter, are obvious—a feeling of pride (a false one perhaps) on the part of the patient's relations; and the desire of concealing the malady, which the necessary regulation of frequent inspection by the governors or subscribers of such institutions precludes.

Doubtless the popular opinion that insanity is an increasing malady—an opinion which I have combated, and I hope refuted, has had its influence in the designing of all modern public asylums. They have, accordingly, been built to receive a progressive increase of lunatics. But experience already shews the fallacy of such a calculation.

Thus also, Bethlem and St. Luke's, which formerly were always full, are, as we see, now short of the number of patients they can accommodate ; the same is the case with many provincial, and more especially new, asylums ; and we may prognosticate, that unless some great convulsion in society happen, affecting the physical or moral condition of the people, none of these asylums, under their present administration, will ever again have their complement.

In whatever lunatic asylum an effective system of treatment is pursued, a correspondent degree of success will attend ; and in any district having an asylum so conducted, the number of

lunatics will consequently decline. By parity of reasoning also, as such receptacles multiply, the aggregate of lunatics in the kingdom must likewise diminish.

Besides, there is yet another source of numerous admissions to asylums, which will be cut off by the adoption of active medical means of cure. Under the best system, relapses will occur; but where the practice has been inert or routine, as well as where the malady is left to Nature's self-adjusting powers, relapsed cases form a considerable portion of those which present for re-admission. Now no physical fact is truer than that in proportion to the efficiency of the medical treatment the number of relapsed cases will likewise be more rare. And thus asylums being partly relieved of this class of applicants, formerly so numerous, will have more room for original cases.

Impressed with the caution which these observations on past errors will, perhaps, induce, a different policy may, in future, be adopted.

Nevertheless, the remembrance is consolatory, that although the projectors of particular asylums may have committed the fault of building them too large ; yet their beneficent views may be equally gratified by converting this very error into a means of extending the benefits which such institutions are intended to confer. Three essential purposes to which an unoccupied portion of an asylum may be applied, are prominent : 1. To a better classification of the cases than is usually practised ; 2. To the reception and permanent lodging of a certain number of *incurables*. 3. To the reception of cases of epilepsy, insipency, idiotcy, and other forms of mental derangement, which are too generally excluded.

Lastly, I would suggest, that if, upon experience, a pauper lunatic asylum be found more spacious than the district requires, or can afford to support, the burthen might probably be lightened, by a participation of occupancy with contiguous counties—an arrangement, which, in point of economy, offers great advantages.

SECTION VII.

ON THE INFLUENCE WHICH THE LOCALITIES OF LUNATIC INSTITUTIONS HAVE ON THEIR RESULTS.

THE errors on which I have commented, and which have superinduced so many false conclusions, and therefore practical evils ; appear generally to have emanated from the postulates universally admitted relative to the feasibility of cure, and to the rapid increase and consequent prevalence of insanity. Founded, however, as has been proved, on the instable basis of abstract speculations, they have sunk before the test of inquiry. Still numerous obstacles present to limit the success that might otherwise attend the measures adopted for the recovery of the insane. Those obstacles to which I would here refer are purely local.

It will naturally be inferred, that the discordance observable in the results of different asylums, cannot be simply accidental. Every one conversant with lunatics knows, that the agency of objects unnoticed, or at least unregarded by the sane, wonderfully influences the feelings and actions of the insane ; sometimes favourably, sometimes adverse to their cure. These affective causes, as they may be strictly termed, may be divided into *external* and *internal*. Among the former is the aspect of the asylum itself, and its arrangement ; among the latter, are chiefly the regulations established for the civil and medical government of the patients.

1. *External Causes.*—There can be no doubt, that the mere site and general appearance of the place to which lunatics are conducted, has a most marked effect upon them. The train of diseased mental associations is often arrested by a sudden change in the situation of a lunatic ; and whether he be carried to one exciting an agreeable impression or otherwise, a temporary diversion of ideas is ob-

tained, which may often be improved upon. But the majority are capable of appreciating, very correctly, whatever they see; and thence often imbibe prejudices which nothing can subsequently obliterate. Therefore the *coup d'œil* of an asylum is of no small importance.

To the convalescent it is still more indispensable, that his abode should not be of a description to revive unpleasant reminiscences, or to depress the new-born hope which the dawning reason never fails to inspire.

The nearer the receptacle of a lunatic approaches to the appearance of a domestic dwelling, the more desirable ; and although, where a large number are congregated, that very circumstance itself will defeat such a view ; yet it ought, as closely as possible, to represent a place adapted for comfort and recovery, rather than for detention or punishment. On the contrary, many, purposely constructed for the reception of lunatics whose cases are supposed susceptible of relief, possess the solidity and

visible fences of a gaol, and the gloominess, exteriorly and interiorly, of a penitentiary. Even lately, one has been erected in the bosom of the British metropolis, which, in every respect, is a reflection on the good sense of the nation, and on the age in which we live.

A regard to health requires an eligible site, as much as economy demands durability of structure. But a building for such a purpose ought never to be environed by a populous neighbourhood ; where, which way soever the patients look, a chance presents of renewing some morbid idea—some hallucination. Neither can the attributes of Newgate or an Opera House ever harmonize with those of a lunatic asylum. Such associations realize the abode of splendid misery : and the natural and painful impression excited by a sense of human afflictions, subsides into contempt at human follies.

In planning an asylum, let it be remembered, that lunatics are not felons : and although sufficient art is often exhibited in effecting their es-

cape ; yet deep-laid schemes, requiring the combination and co-operation of practised plotters, they are rarely equal to. Few lunatics think themselves mad ; but they perceive it clear enough in those around them, and fully appreciate the consequences of trusting them. Neither do they keep any secrets but their own : they, therefore, seldom act in concert. The desperate deeds occasionally perpetrated, are almost always devised and executed by a solitary maniac.

Nothing remarkable or offensive should obtrude on the notice in a lunatic institution ; but all things should be, as it were, in repose. Although security, and the means of restraint, be amply provided, yet, they should be screened. When the occasion calls, it will be time enough to exhibit the power.

The observations under this head might be extended to a great variety of localities affecting the insane. But the object is rather to point out those errors which are most prejudicing their interests, than to enter into minutiae. Conse-

quently I must confine myself to sketches of what ought to be, and not dilate upon that which is, and should be corrected.

2. *Internal Causes*—However appropriate the external localities, it is obvious, that unless the internal are in unison, their effect will be nugatory. All other errors are quite venial, comparatively with those which affect the government and interior economy of lunatic institutions.

Till lately the system of treating insanity had partaken more of an empirical than a scientific character. It could not be otherwise: for when we are ignorant respecting the pathology of any disease, we have as little reason to expect proper remedies, as a perfect work from an artist who knows not the principles of his art. To pretend that we are acquainted with the nature and proximate cause of intellectual derangement, would be assuming a knowledge no one has, nor ever will, attain. But experience teaches us, that within these twenty years a more successful result has attended the treatment of it

than has for an age and more prevailed. The rules, therefore, of lunatic asylums, ought to be in conformity with this state of improvement.

The regulations for the government of some of them were formed agreeably with the views of this malady, which formerly obtained ; and although they might be strictly consonant with contemporaneous opinions respecting the malady; yet it appears a complete absurdity to suppose that the same are equally applicable at present. Yet, both in Bethlem and St. Luke's, the old regulations are still in force. Common sense surely points out that rules which were once wise, may, in process of time, become worse than inefficient. Such is the case, in my humble opinion, wherever similar ordinances are established.

Happy would it be could every asylum adopt and act up to the Saragossan motto, "*urbis et orbis;*" and be freely open for the reception of all whose intellectual faculties are deranged or demented ; and where they might be permitted to continue under a remedial system so long as

a chance of recovery presented ; and be taken care of when deemed incurable. Unfortunately the resources of these institutions in this country are never adequate to such an extension of benefits. Besides, there would be great danger that an asylum upon such a plan would soon be filled with incurables, to the exclusion of those capable of being cured. This is a difficulty which may occur in general asylums, like those of Bethlem, St. Luke's, and Glasgow : but is not to be apprehended in county or district asylums. In the former there is no way of avoiding this predicament, but by imposing restrictions on the admissions ; or by reserving a fund to enlarge the accommodation for incurables with the growth of their numbers. Somewhere such unhappy beings must receive shelter ; and it is better in every respect that they should be provided for in public asylums, than be sent into some private ones ; or be returned, because harmless, to their parishes, or poor relations.

Too rigid restrictions on the admissions, however, not only cause a more general exclusion than seems compatible with the dictates of benevolence,

but they sometimes occasion positive mischief; inasmuch as they limit the degree of success, which might, under more liberal regulations, ensue. That they have this effect, we shall presently witness. Of course, I am not acquainted with the precise rules of every public asylum inserted in the comparative table (No. 1); nor is it necessary to individuate all. Adopting antiquity as the order of precedency, I shall refer, as an example, to the printed instructions for admissions into Bethlem; and with an abstract of each, offer a commentary. Those of St. Luke's are so similar, that my remarks will be equally suitable to both.

1. All lunatics who are not disqualified by the following regulations, may be admitted, &c. (into Bethlem hospital) provided their complete recovery can be effected within twelve months from the time of their admission, &c.

This condition fixes one year as the period of probation. If a year have passed elsewhere, the lunatic is not admitted; and if he have been so long in the hospital, and he be still lunatic, he is to be returned to his friends. I will not declaim

against this regulation ; but demonstrate the fallacy on which it is founded, and the injury done to society by its operation.

This limitation arises from an antiquated opinion, that if a lunatic be not cured in one year, it is a hopeless case ; and may, without any violation of Christian feeling, or opprobrium on the curative art, be abandoned. I shall not oppose my own experience to the futility of this conclusion, though positively contradicting it, but refer to authority of more weight.

The Nations of Europe were wont to take example from Great Britain in acts of public beneficence. Neither, when following that example, did they ordinarily excel us. In 1817, I had an opportunity of contrasting the French hospitals with what they were in 1802 ; and while, as a friend of humanity, I rejoiced at the prodigious improvement I witnessed in them, as an Englishman, I sighed to find that in some parts of their economy they surpassed those of London. In examining the lunatic institutions of Paris, it was gratifying to see all classes of lunatics col-

lected; and to find that each class derived considerable relief, through the liberal provision made for their continuance in them as long as was necessary. There is no limitation as to the duration of the malady previously to admission; its complication with other disorders; the probationary period of cure, age, &c. But still more gratifying was it to learn, that as many lunatics were discharged from the French hospitals, *cured in the second and succeeding years, as were recovered during the first year of trial.* The report made to the general committee of the French hospitals, and published by authority, verifies this statement. Dr. Esquirol, too, reports*, that of 2804 lunatics admitted into La Salpetriere between the years 1804 and 1813, 604 were cured in the *first* year; 502 in the *second*; 86 in the *third*; and 41 in the *fourth* year! And further; for it is especially important; of these 2804 lunatics, 785 were received as *incurables*; being cases of different duration, of all ages, and of every complication, whether idiotic, epileptic, paralytic, the imbecile, or impostors.

* Supr. cit. p. 205.

Whence Dr. Esquirol determines that the medium term of cure is a little less than a year, but that no period should permit despair of recovery.

Now, what is the fair inference? If during the corresponding period, the patients admitted into Bethlem had been allowed a probation equal to that at La Salpetriere; and considering that the power of selecting cases gives a decided advantage to Bethlem, must not the number of cures in that hospital consequently have been prodigiously increased; and infinitely have exceeded that in La Salpetriere?

It is true, some of the lunatics who are discharged uncured at the expiration of a year's trial from the London hospitals, do afterwards recover. But in what proportion? What is the subsequent fate of these unfortunates? Having been unsuccessfully treated, they are deemed incurables; and, as such, are consigned to private asylums (*Maisons de détention*) on the cheapest terms; and all expectation being abandoned, no further trial of recovery is attempted. Here,

then the great majority remain—a perpetual burthen to their families or the parish, and a disgrace to their country. This incongruous, and I may add, unphilosophical regulation, is a never failing source of a supply of lunatics to inferior licensed houses in the environs of the metropolis, and of returns to the register of the Commissioners. Were this injurious restriction abolished or modified, and a proper extension of time allotted for a fair trial of the means of cure, the result would amply recompense the experiment; and we should not have it ranked among the vulgar errors, that insanity is a malady almost irremediable.

I have anticipated two objections against such an extension to the admissions, viz. Firstly, that the funds of a charity cannot permit a longer sojourn of the patients; secondly, that if such were the practice, there would not be room to receive as many fresh patients as require admission.

These are not insurmountable obstacles. The first might easily be obviated by exacting a

trifling weekly payment in the second year of probation, raising it a little the third, and making it afterwards permanent ; or by at once charging, after the first year, the same as is now paid with patients upon the incurable establishments of Bethlem and St. Luke's. This would meet the expense; and still be an act of great benevolence towards the patient, as well as to the parties at whose cost he must otherwise be maintained, and at a much greater charge. To the second objection ; I admit, that by extending the period of trial, there certainly would be a greater number always in a hospital : but where that is found to be larger than is occupied, which is the case with both those hospitals ; and when the object is, agreeably to the principle of its supporters, to do all possible good for the relief of lunatics, I can perceive no reason why this regulation should not be modified to meet the exigency.

Many lunatic asylums which were formerly too small to accommodate all the applicants, will, under the present improved system of treating

the insane, soon be found large enough ; for the dismission of recovered patients being much more frequent, a greater number of vacancies will occur than when the old regime prevailed. So that, the period of probation of old cases in an asylum may be extended, yet the annual aggregate not be increased : thus, the chances of recovery will, according to the experience in the French hospitals, be doubled.

On the exceptions to admissions I shall, *seriatim*, make some brief remarks.

1. *Lunatics possessed of property for their decent support in a private asylum, and also those whose near relations are capable of affording such support.*

This regulation is constantly evaded in the admissions of patients into both the London lunatic hospitals. I have known many admitted, who possessed property enough "for their decent support" in a respectable private asylum, and still more "whose near relations were capable of affording such support." Was the power of

eluding this first regulation more effectually guarded against, the means of administering to the relief of the really necessitous lunatic would be much enlarged. Too much precaution cannot be used to prevent the abuse of eleemosinary asylums. It cannot be denied, that in many instances a total disregard of the fate of the afflicted maniac, is evinced by his nearest, and to him, when sane, perhaps, dearest relatives. Such guardians will seek the cheapest receptacles; and too often that which presents the least chance of recovery, is, for that very reason, the one preferred: I mean not to insinuate, that any particular lunatic establishment deserves such a reproach; and least of all, perhaps, Bethlem and St. Luke's. Nevertheless, as those hospitals receive patients almost gratuitously, admittance for objects who are strictly ineligible is eagerly sought by those whose only consideration is self-interest.

2. Those who have been insane for more than twelve months.

Since it is evident that so large a proportion of lunatics do recover after a year's trial, those

who have been insane above that period ought not indiscriminately to be precluded from the benefit of a charity for the cure of insanity.

3. Those who have been discharged uncured from any other hospital for lunatics.

This also might be advantageously modified.

4. Female lunatics, who are with child.

If the funds of a charity can provide accommodation for so peculiar a case as this, and the circumstances of the party are incompetent, there cannot be a stronger claim for commisseration and relief. This regulation is indeed a cruel restriction. I knew the wife of a mechanic, in whom pregnancy and insanity were always simultaneous; and who as regularly recovered after parturition. The circumstances of the husband were greatly deranged, by being obliged every pregnancy to keep his wife some months in a private asylum. He was not poor enough, and had too much integrity, to apply to his parish for assistance; but would have rejoiced to have obtained admission for her in a well-regulated charitable institution. Many simi-

lar cases occur. In favour of these the Committee of the Exeter Asylum most humanely make a special exemption.

5. Lunatics in a state of idiotcy, palsy, or with epileptic or convulsive fits.

These exceptions involve many important considerations, on which I shall hereafter offer some particular and distinct observations. Suffice it here, that such cases cannot with propriety be received in any lunatic asylum, unless a complete separation of them be preserved from patients simply insane; and more especially from those in the course of medical treatment.

6. Lunatics having the venereal disease, or the itch.

What is to become of a poor lunatic without friends, and perhaps without a settlement, if he be refused admittance, because he has the venereal disease or the itch? Does the bodily disorder render him incurable of the mental affection? Or are the specific remedies for either disease, mercury and sulphur, inimical to the cure

of insanity? Is not mercury, on the contrary, often successfully employed for the cure of the latter complaint; and may not lunatics, so diseased, have a separate cell, as well as those who are dangerous? Why then exclude the syphilitic and scabious?

7. Those weakened by age or disease.

Under either of these circumstances, the lunatic is often the greatest object of compassion; and there should be in public asylums some arrangement for their reception.

Lastly, we may remark on the absurdity, in this enlightened age, of such a regulation as that in St. Luke's, which precludes from relief those "who appear in too weak a state of bodily health to take medicine, proper for his or her lunacy." Were we assured that this regulation was part only of a system grown obsolete, and remaining among the orders from mere inadvertency, it might pass without comment. But when we find that it is in active operation, and that it is a reason gravely assigned to Parliament,

in conjunction with fits, for rejecting 110 out of 870 patients admitted into St. Luke's during the years 1811, 12, and 13*, it cannot be conceded, that it is nugatory, either in the letter or the spirit. Suppose a poor patient so debilitated as to require all the aids humanity can bestow; is that the moment to discharge him, when death must be the almost inevitable consequence? In fact, this regulation is so inconsistent and so derogatory from the character of a charitable institution, that it ought not to exist. No state of bodily health, however weak, need prevent the application of medicines in cases of insanity: unless by medicines be implied, the charlatanry of *helleborism*, or periodical depletion; and if medical aid be inapplicable, that of dietetic regimen and the comforts of a well-conducted hospital, may restore the weak both to bodily and mental health.

All charitable lunatic asylums must, of course, impose some restrictions on admissions. Most evince a degree of knowledge and liberality com-

* Parl. Rep. 1815, p. 131.

patible with the enlarged views of insanity recently promulgated; and hold out examples worthy of being imitated by the more ancient metropolitan hospitals. The revenue of asylums for the reception of pauper lunatics, being proportioned to their object, admits of a greater variety of cases, and of a longer residence, than where the resources are purely voluntary.

It must be confessed, therefore, that the exclusions are among the localities of asylums which greatly influence their results. Important as their effects are, there are other regulations which are still more so. But these relate more to the management and economy of such establishments. To discuss topics whereon so much has been and still might be said, would far exceed the bounds to which this inquiry is limited. I must therefore reserve them for a future opportunity.

We have had occasion to lament the inattention hitherto paid to the registry, and proper classification of cases of insanity; and to that neglect have ascribed the great uncer-

tainty which has prevailed respecting many phenomena attending this malady. This has been among the sins of omission which time will amend. With the form, as well as the matter of the annual reports of public asylums, there is generally reason for just complaint. I have particularized the defects in the old Bethlem Reports, and in those of St. Luke's. Other asylums publish so brief a summary, that nothing can be collected conducive to improvement. Some are more full and descriptive, and, of course, are more instructive. The annual report of the Glasgow asylum is upon a plan like the whole system of that admirable institution—highly commendable. Mr. Drury, its able and zealous superintendent, has constructed tables which are so arranged as to present in the annual reports a perspicuous view of the result attending every class of cases of both sexes; contradistinguishing also the *old* from *recent* cases. I have subjoined the last report (1820*), curtailing the remarks, as one worthy of imitation.

* Appendix, (F.)

It is a trait, truly national in Englishmen, to presume that in all things they excel foreigners. Accordingly, till the veil, with which a cruel and protracted war had obscured our view of the progress of science on the continent, was removed by returning peace, we arrogated a superiority in the system of the lunatic asylums of this country, which it is not so very clear that they deserved. Besides those of Paris, I have examined several reports of foreign lunatic institutions; and it is very apparent, that some evince infinitely greater attention to all the physical, moral, and medical details, than any we have to boast. As an example, I have given a translation of one of the reports of La Charité, in Berlin, with which I was favoured by Professor Horn, its justly celebrated physician*. The method and minuteness therein observed, if generally copied, would furnish evidence so full and conclusive, that those doubts, which still obtain respecting various points on which I have expatiated, would soon be dispersed. There is no way of correcting hypothetical and erroneous opinions so effectual,

* Appendix, (G)

as opposing to them the results of actual experience.

A system of economy, as rigid as is consistent with the proposed objects, is imperative on every charitable institution: since the means of relief diminish in an exact ratio with improvident expenditure. The incidental charges are, therefore, very properly exhibited in most annual reports; and as, perhaps, none have formed a system so perfect but that it may be improved, it would be well if the reports of different asylums were interchanged; or that a summary of all of them were periodically published: thus a comparison being established, excesses would be easily detected.

* *Alex. Flajani*, who published an interesting survey of different scientific establishments (1807), gives the following table of the comparative expense of several English lunatic hospitals and of La Salpetriere, in Paris:

	Patients.	Expense in Roman crowns.
St. Luke.....	300.....	14,000
Liverpool.....	70	15,726
Manchester.....	80.....	17,000
York.....	140.....	8,803
La Salpetriere.....	800.....	6,552

Little hazard will be incurred in pronouncing, that there

As some practical good might attend their publication, had I been in possession of a greater number of these reports, I would have annexed them: as it is, I have abridged and appended those of Exeter and Nottingham,* as well as that of Glasgow.

is some egregious error in the relative expenses of the English hospitals. Neither can any useful deduction be derived from a comparison of the expenses of English and foreign hospitals: the difference of diet, price of provisions, value of money, &c. &c. preclude a parallel.

In 1807, the annual average expense of every patient in St. Luke's, was, £19 9s 9d.—In Bethlem, in 1807-8, it was £28 3s 5 $\frac{3}{4}$ d.—*App. to Parl. Rep. 1815.*—The result of domestic comparisons, indeed, naturally excites surprise when there is cause, and consequently elicits investigation.

* Appendix, (H. I.)

SECTION VIII.

REMARKS ON THE CONDITION OF THE EPILEPTIC, FATUOUS, AND IDIOTIC.



THREE descriptions of afflicted human beings present, who, from the deterioration of their mental faculties, are generally classed with lunatics, and who possess a special claim on the protecting care of a generous public. These are :—1. The *Epileptic*—2. The *Fatuous*—3. The *Idiotic*. All these classes are either excluded from receptacles for the relief of the diseased ; or, where admitted, are so injudiciously provided, that no amelioration of their malady can be expected ; besides which, their intermixture always proves obnoxious to the cure of other unfortunates.

1. The *Epileptic*.—Of all the modifications of

insanity, there is none so terrible as that complicated with epilepsy. Maniacal epilepsy is usually characterized by the most ferocious, malignant, and often murderous aberrations ; the effects of which are sometimes directed against others, sometimes on themselves, and not unfrequently to the immolating of all whom they most love and cherish when sane. The most horrible actions recorded of maniacal fury, have proceeded from this species of insanity. Persons liable to it often enjoy long lucid intervals ; but it also attacks so suddenly, that the mischief is done before it can be prevented. Hence the great danger of their associating with the insane, whose aberrations prove perpetual causes of excitation.

In the mildest form, epilepsy is to be deprecated; for by repetition it occasions lesions both of the physical and intellectual functions ; and if an early death do not supervene, the malady induces demency, idiotism, or incurable insanity.

Through every stage of this formidable disorder, the patient is an object of eternal solici-

tude ; and, when pecuniary means are circumscribed, is an intolerable burthen to his family. For, from the nature of the disorder, epileptics are generally deprived of the power of maintaining themselves ; therefore, if straightened in circumstances, although their case may admit of relief, yet the power also of obtaining it is denied. Epilepsy too has one feature almost unknown in mania ; that is—helpless infants and children, as well as adults, are its victims. And when such a distressing case occurs in a family placed above parochial aid, yet only possessing a competency, well may the parent appeal, as a certain man did to our Saviour, “**LORD ! have mercy on my son, for he is a lunatic, [epileptic] and sore vexed ; for oftentimes he falleth into the fire, and oft into the water.**” But to whom or where is the appeal to be preferred ? There is no help for such a case. For neither in this vast and opulent metropolis, nor in any place of the British empire, though so renowned for charitable institutions, and acts of God-like beneficence, does any asylum exist appropriated solely for epileptics, or even having, I believe, a part allotted for their separate accommodation and curative treatment.

Surely this is a great ~~desideratum~~^{fact} in the code of British philanthropy.

Some provincial, and most private, lunatic asylums, admit epileptic maniacs ; but, I repeat, we have none that offer an arrangement peculiar to epilepsy ; or that receiving such cases when the seat of reason is affected, class them according to their several conditions, so as to offer the least probability of relief. In all the English asylums which I have visited, the epileptics were commingled with the lunatics, to their mutual torment, and sometimes danger ; and I will aver to the certain impeding of recovery. It is notorious, that nothing is more alarming to the generality of lunatics than those sudden convulsions to which the epileptic are subject ; therefore those simply maniacal, and those who have fits, by association reciprocally aggravate each others malady.

In this branch of morals, England is decidedly inferior to her continental neighbours. Almost all the public lunatic asylums in Europe receive the epileptic, fatuous, and idiotic. But in those

which deserve the character of being the best regulated, they form a distinct part of the establishment. They are treated medically ; the results are carefully registered ; annually published ; and they are classed so judiciously, that one class interferes not with another : each patient, also, has an occupation suitable to his abilities.

In La Salpetriere, there are near 300 epileptic women. About a moiety of them are maniacal, fatuous, or idiotic ; of whom some only of the latter are susceptible of melioration, or are capable of rendering any service : the other moiety, while they receive relief from their malady, by engaging in industrious pursuits, not only contribute by the labour of their hands to the support of the charity which shelters and protects them ; but a certain portion of their gains is allotted to their families.

Connate or essential epilepsy is perhaps incurable ; so likewise may be considered maniacal epilepsy ; but that form which is sympathetic or dependant on other morbid affections, is often

susceptible of cure. Every form, however, is aggravated by neglect ; and even the mildest may deteriorate or entirely alienate the understanding. Yet it will be deviating very little from the truth to pronounce, that few, very few, among the poor in this country, ever recover from epilepsy. The cause, too, of this evil is not so much in the obstinacy of the disease, as in the absolute defect of a place where they may be received and properly treated. The *codex medicamentariæ* of foreign schools contains no remedy for epilepsy unknown to us ; but, it must be confessed, that they pay much greater attention to this malady, theoretically and practically, and that many of the remedies applied by foreign physicians are infinitely more energetic than hitherto introduced into British practice. The registers of their hospitals offer indubitable evidence of considerable success in the cure of it. From 1804 to 1813, 394 cases of epilepsy were admitted into the Bicêtre, at Paris ; of which 144 were cured. In La Charité, at Berlin, from 1806 to 1818, 426 epileptics were admitted ; of whom 195 were discharged well.

Thus we may learn, through the humanity and superior intelligence of foreigners, how greatly the condition of these unfortunates is capable of melioration. Nor can the knowledge fail to implant the painful reflection, that a vast number of our fellow countrymen, subject to this disease, have degenerated into idiots or lunatics, who might have been saved from such a calamity.

2. *Fatuity*—the *dementia* of nosologists, is that condition of the intellectual faculties, which may, generally, be denominated *mental alienation* :—a term adopted by the celebrated Pinel, as generic, to express the common character of every species of insanity ; and which, coming from such authority, has certainly conduced to error. For surely, as alienation implies a previous possession of mental intelligence, it is most unphilosophical to apply it to an idiot who has never developed any ; and equally so in relation to maniacs, or melancholics, who, although insane on certain points, yet, on others, often possess a very correct judgment.

Fatuity or demency, however, must not be confounded with imbecility or idiotism : it is materially different from either. The faculties of a person in demency, though perhaps alienated, are not always abolished ; they are often only in abeyance ; and may revert to a state of sanity, either spontaneously or from judicious treatment ; or they may be only partially affected. But assuredly, if the case be misjudged, as it too often is, the patient may pass into perfect idiotcy. Epilepsy, by weakening the nervous system, likewise frequently induces fatuity. It has been computed that the thirtieth part of the epileptic degenerate into this state.

The *Imbecile* from birth have faculties to a limited degree ; but they have not been sufficiently developed to give the understanding due energy. Such persons are incapable of rightly discriminating, and, of course, of ratiocinating ; and are often even insensible to the natural functions. But imbecility of mind may be the mere effect of accident, exhaustion, or senility.

Demency is ever, in extent of mortality

the most fatal of all the states of mental disorder. In the French hospitals a greater number of deaths have ensued from it than from mania and melancholia jointly. Indeed, in those receptacles, a full moiety of the fatuous die.

3. *Idiotcy*—is either congenite from organic, or artificial from fortuitous causes: mal-formation or mal-practice or casualty, equally induces or may render idotism permanent: indeed, if the cause be natural, the cure is entirely hopeless; if adventitious, although unpromising, yet possible.

All these mental conditions are likely, especially when mistaken and improperly treated, to follow in sequence: thus epilepsy, as well as mania and melancholia, by excessive depletion, inevitably superinduces fatuity—fatuity, imbecility—and imbecility, idiotism.

Although not designing in this work to enter into medical descriptions, yet I have attempted this very brief sketch of these various forms of

intellectual deterioration, in order to apprise the unprofessional, that such differences exist; and that they may not indiscriminately decide every case of impaired understanding to be idiocy, and therefore incurable. Unhappily this is ordinarily the judgment passed on such cases throughout the British dominions. And hence the fatuous and the idiotic are alike thrust into a work-house or a mad-house, and left to chance, or, perhaps, to a much worse fate. Thus, many cases which were originally simple and easy of cure, have been rendered complicated and obstinate, and, perhaps, irremediable.

In England, where every other species of human misery finds relief or is alleviated, the hapless beings included in the above classes alone are abandoned and bereft of all commiseration. Yet it is a fact, that many reduced to this miserable state by neglect and ill-usage, after being placed in hospitals where they are kindly treated, and have professional assistance,* recover their in-

* Pinel, *Traité sur l'Aliénation Mentale.* Sect. III.

tellectual faculties upon the re-establishment of their health; Even were it true, that epilepsy or fatuity in any form was too intractable to treat with a hope of cure ; and that we concede idiocy to be positively incurable ; then the reasons are doubly strong and imperative on Christians, to provide a refuge for them.

The reports of the Glasgow asylum, the only one in these kingdoms with which I am acquainted, that makes distinct returns of every species of mental derangement, evidence that the fatuous and imbecile are in that institution sometimes cured. What then might be accomplished in an institution expressly devoted to such cases ? The fatuous, inclusive of the imbecile and idiotic, constitute three fourths of the returns of lunatics in Scotland*. Computing them in this country by the same relative scale, what an immense number exist who require our cares and protection !

* Appendix, (E)

The introduction of this subject may appear somewhat gratuitous. But, as insanity, in its most alarming type, is often complicated with epilepsy, idiocy, &c. and the neglect of such patients is founded on mistaken views, I must conclude that it is perfectly relevant: nor will I decline this opportunity of directing public attention to it. The cause of the afflicted never wanted advocates or supporters in this land of charity and good works. And it is certain that there are thousands of these unhappy objects in the United Kingdom, lingering out a wretched existence, but deprived of every comfort and chance of improvement; and yet might be greatly assisted: and that there are others, now possessing none of the characteristics of man but his form, who vegetate, exposed to the derision and brutality of those, who also present the image, but possess none of the better qualities of humanity.

Surely there is no purpose to which a part of those lunatic asylums which are found more capacious than is needed, could so appropriately be

assigned, as to the reception of all these classes of the diseased ; wherein they might constitute a distinct department. Asylums might thus be rendered doubly useful. There can be no doubt that the friends of such patients would, generally, be thankful of opportunities of placing them where they would be properly attended, and pay any equitable charge for their maintenance. The profits so arising might be converted into a resource in aid of the general fund of the institution. This is one mode of accommodating and protecting these afflicted and neglected persons.

But I acknowledge I entertain higher views. I ardently hope these hints may stimulate some of those whose bosoms always sympathize with the miseries of their fellow creatures ; and who possess the means of contributing what their feelings so humanely dictate ; to unite their efforts, and found a distinct institution for the epileptic, fatuous, and idiotic ; where all the assistance which medical skill and judicious management can bestow, may be administered. Besides providing for those now so disconsolate and destitute, it

would be one of the most effectual means of preventing the growth of insanity.

Whenever there is a prospect of such a plan being properly patronized, humble as my pretensions are, my best exertions should be devoted to its perfection.

SECTION IX.

**IS RELIGION A CAUSE OR AN EFFECT OF
INSANITY?**

RELIGION, in connection with mental derangement, has ever been viewed as a question not less delicate to discuss than difficult to solve. This, perhaps, has deterred inquiry—a circumstance deeply to be lamented : for since it will be generally acknowledged that all earthly happiness mainly depends on religion, nothing, it may be conceived, so strongly influences the mental affections.

Polemics, indeed, are not the province of a physician ; nor is it my intention to enter the lists : but on a subject like the present, involving an important moral and medical theorem, he should give, if competent, his candid judgment, unawed by consequences. Possessing opportunities of observing the phenomena exhibited in intellectual

disorders, he would deserve censure who omitted to regard them with attention, and not have endeavoured to trace their sources and relations. Having had this advantage, and, I trust, not neglected it, I shall presume on the privilege of an inquirer, and offer my undisguised sentiments.

The great incertitude which prevails whether religion is a cause or an effect of insanity, has naturally, and very properly, been lately much agitated. Differing with many in opinion, and conceiving, as most opinionists do, that there is much error respecting it ; I have rather courted than avoided occasion, to introduce a topic on which, whatever diversity may obtain, all will agree in relation to lunatics, if not to human happiness, generally, is of the utmost interest.

An accurate observer, the Chancellor de l'Hôpital, remarks, that religion has more influence on mankind than all their passions combined. Of this truth the whole world is an illustration. And as there is no single passion that may not be excited to an excess inducive of mental derange-

ment; so we may readily believe, that religion, which influences the internal man more than the passions collectively, may be a cause of insanity. On the other hand, there is no doubt, that a lunatic may imbibe a religious as well as another hallucination, and yet be insane from a cause very contrary to religious. In the one case, however, it is a cause; in the other, an effect.

Now a great source of error seems to arise from the confounding of this necessary distinction.

Medical writers who have derived their chief experience from public practice, are most apt to err in this particular. The previous history of lunatics admitted into public asylums, is rarely known; therefore the moral cause of the malady is frequently inferred from the tenour of their mental aberrations; than which nothing can be more deceptious. Hence it is to be feared, that many cases have been hastily attributed to a religious origin, merely because the conduct or conversation of the lunatic has exhibited traits of too

vivid spiritual impressions. In private practice the opportunities of obtaining this essential information are superior ; and consequently, respecting a point of such serious importance, negligence would be inexcusable.

Unfortunately, in considering the effects of religion on the moral world, it has been too common for authors to make themselves parties, and impugn opinions, merely because they dissented from their own : consequences, therefore, have been ascribed, resting entirely upon gratuitous evidence. This is absolute intolerance, not induction ; and when arguments assume this turn, controversy, not conviction, follows. Therefore, it is a want of liberality as well as of delicacy, that has rendered the solution of this subject difficult. We are bound to make large allowances for the feelings and prepossessions of mankind. And he who has lived and observed, has not now to learn, that the whole human race are sufficiently tenacious in matters of faith ; and that nothing opposed to them short of demonstration, will turn the testimony of conscience.

To deny that the mind can, in any condition, except of positive alienation, be incapable of appreciating the sublime truths of Revelation, is considered by many as blasphemy ; or, to admit that Christianity can ever in those who are sincere, be the occasion of intellectual distraction, has appeared so heterodox, that those who have confessed such a belief, have been accused of absolute scepticism, or the blindest prejudice. Again ; some, either in contempt or ignorance, have directly imputed insanity to religion in the abstract.

However natural it may be for a devout person who experiences all the solace from religion which the genuine practice of the Christian faith never fails to afford, to discredit that it is ever a cause of mental distraction ; or for him, who teaches that religion is the sole duty of life, to disbelieve that too much enthusiasm can subvert the intellectual system ; yet it is clear, that, under certain circumstances, it may be said, insanity is occasioned through the agency of religion.

But, although this be admitted, there is not a tittle of evidence to substantiate, that Christianity, abstractedly, ever produced that effect. Such accusations are the abortions of infidelity, or of those who lack knowledge. Religion may have been reproached by careless observers, as the source of mental derangement, because it is often associated with misery: for affliction induces many earnestly to seek its consolation, who previously never thought of it, or who but mechanically followed its outward forms. In minds broken down by adversity, and little acquainted with its genuine precepts, a consequence, opposite to that which was sought and expected from religion, sometimes ensues: in this case the moral feelings have greater force than the spiritual, and the disappointment is not the default of the principles of the Christian faith.

Constitutional temperament also interposes, and often distorts the truth; and thus generates an opinion, that melancholic insanity is the effect of religious impressions. Minds so framed view all the blessings of this, or a future life, by

involution. Their greatest gratification is persistive despondency. Deaf to precept or example, they retort:—

Go—you may call it madness—folly—
You shall not chase my gloom away ;
There's such a charm in melancholy—
I would not, if I could, be gay !

We cannot be surprised if the aberrations of such minds are associated with false notions respecting religion.

In ascribing the moral causes of insanity, we are too apt to assign those which are verisimilous, and judge accordingly. This is a fruitful source of error. For, in some individuals, the intellectual system is always in such a state of morbid activity, that they, intuitively, “can make a heav'n of hell—a hell of heav'n.” In minds so constituted, the most ordinary incidents become provocatives of derangement; if uncommon or intricate, the more certain and durable is the illusion.

Religion, it must be acknowledged, is the very essence of humanity. Without it, man has no guide but his passions—no law but his will. Even savages have some notion of a DEITY, or a future state: and although it be not always a GOD of MERCIES they adore, yet divest them of the sense of a superior and presiding Power, and the character of the people would sustain a material change; and, perhaps, for the worse. What follows then, when scepticism and infidelity reign, where Christianity once shed its pure and benign influence? The human mind having lost that prop which was its stay in the hour of need, chaos ensues; despair succeeds to hope; and reason, which establishes man's supremacy on earth, is overthrown. Here insanity supervenes on the defect of religion. As a cone inverted; so, we may be assured, is the state of morals where religion has been extinguished: it is a fabric without a foundation: and there insanity will emanate and most exceed.

It has been with some a favourite hypothesis, that insanity frequently originated in the theo-

logical tenets peculiar to certain sects ; and that persons professing a form of devotion free from controversial intricacies, and therefore such as might be comprehended by the plainest understanding ; as, for instance, that of the Quakers ; would be entirely exonerated from this severe affliction.

If any description of Christians could be supposed to be so favoured, well knowing that all functional derangements are principally excited by the vices and passions of mankind, we might naturally expect it would be the fraternity of Friends ; since their's is a profession of pure morality, of which their lives, commonly, is a consistent illustration. But Mr. Tuke's description of the Quaker's Retreat for lunatics, near York, proves that such an inference is a complete sophism. The avowal of this fact has confounded those who believed that insanity consisted in a "mind diseased ;" and in a moment levelled those beautiful abstract theories in which they had indulged ; and brought them to confess, that between mind and matter there is a connexion

and reciprocal re-action. “ One touch of nature makes the whole world kin ;” and, although some individuals, from a more perfect organization, education, habit, or less exposure to risk, will enjoy greater freedom from disease, yet, be the precepts and practice ever so perfect, no community of persons can be exempt from the infirmities of mortality. All that can be conceded to superior morality, and of this truth I am fully persuaded, is, that the fewest lunatics will be found among the members of the Society of Friends.

In England, where the mass of the people are piously and morally inclined, and where the liberty of theological discussion and religious worship is tolerated, every variety of schism and sectarianism abounds. Consequently, numbers exchange one form of faith for another ; and hence the work of proselytism is exceedingly prolific. This in truth is the great predisposing cause to what is designated religious madness.

One author avows the obligations of a par-

ticular establishment to *Methodism*; another in his experience has had no such evidence. The discrepancy may be accounted for without op-
pugning the correctness of either. Each was placed in a situation very dissimilar: the patients coming under their cognizance were as opposite in their natural character and habits, as in re-
ligious opinions; and hence their conclusions are at variance. It is possible, however, that there may be more lunatics of the methodistic persuasion than of any other; and for this reason: converts have multiplied relatively with the num-
ber and the mental capacity of that class of so-
ciety to which such doctrines are principally di-
rected. Therefore, in a lunatic asylum appro-
priated for the relief of the lower orders, there will of course be more of this description of dissenters. But this is no proof that the peculiar doctrine of that sect is the cause of mental dis-
order.

In whatever nation religion is duly respected, and freedom of opinion and worship is tolerated, although there will be found, on the aggregate,

fewer lunatics; yet there will be the greatest number, whose malady, if not originating positively in religion, is complicated with religious impressions. In France, where it is too evident to every traveller, that no sense of religion exists, except among old people, we have the authority of Dr. Esquirol, that religious fanaticism, which formerly occasioned so much insanity, has almost ceased to have any influence. In more than six hundred lunatics in La Salpetriere he discovered only eight; and in ~~six~~^{three} hundred and thirty-seven admitted into his own private asylum, he recognizes only one whose malady was supposed to arise from that cause*!

Mr. Tuke has noted, among the lunatics who have been received into the Retreat, the same rarity of religious fanaticism which Dr. Esquirol has remarked in the Paris establishments. But how different are the reasons! In the former, the opinions and previous habits of the patients, when sane, led them to follow the most simple and irreproachable lives, and nearly all professed

* Supr. cit. p. 186.

one faith: in the latter, the inmates, perhaps, never had any just sense of religion: most were the victims of misfortunes—many of the deepest crimes. Indeed, how can that to which we have always been indifferent, ever be a cause of insanity?

Doubtless, however, the understanding may be disordered by an entire devotion to abstract theology; as it may by intense application to any abstruse subject in morals, physics, or politics. But a religion like Christianity will never so operate, unless it become an object of entire abstraction, or be improperly applied. Neither is there any consecutive connection between the specific hallucination of a deranged mind and that which really gave birth to it. Thus a lunatic may conceit that he is **GOD** or **CHRIST**; or that he is in heaven or hell; but it does not follow that he derived such impression from any previous bias. These are simple hallucinations; and it is an equal chance but the individual might have supposed himself a beast, or a bottle, or flying in the air, or walking on the waters. An unhappy melancholic imagines, that he has offended past

forgiveness ; and will quote sacred scripture to prove his wickedness, and the impossibility of redemption. But all this may happen without any real cause for self-accusation or repentance. These are mere morbid ideas, which spontaneously arise without order or connection ; and are the simple effects of a distempered imagination, which converts visions into realities, and gives ubiquity to shadows.

Neither is it in these enlightened times imputed, it is to be hoped, because a deranged person is a papist, or a protestant of the established church, or a sectarian, or even a pagan, that he is consequently prone to insanity. The tenets entertained and promulgated, may be highly dangerous to the happiness of proselytes, though innocuous to those bred in them. Error, till it be known to be such, bears the semblance of truth. Therefore, he who follows with sincerity that form of religion which he has been accustomed to consider as the true one, till he begin to doubt, is not likely to have either his conscience or understanding disturbed on that

account. But if doubt arise, and he questions himself, or is questioned on points of doctrine which he had cherished as orthodox; he may, in the misgivings which ensue, and in the uncertainty whether the old or new path be the right, unless he have a very strong mind, find himself in interminable perplexity. It is in this state the intellectual faculties are most apt to aberrate. The ideas then become fugacious, the conduct corresponds, and insanity is developed.

Dr. Hallaran observes, that in the Cork Lunatic Asylum, where Catholics are in proportion to Protestants as ten to one, no instance has occurred of mental derangement among the former from religious enthusiasm: but several dissenters from the established Church have been so affected.* The reason of this difference appears obvious. The Ministers of the Romish persuasion will not permit their flocks to be wrought upon. To distrust the fallibility of any point of doctrine or discipline is with them heresy. Catholics, therefore,

* Supr. cit. p. 32.

are preserved from those dubitations, which, when once engendered, generally end in conversion. The moment of danger is, when ancient opinions in matters of faith are wavering, or in the novitiate of those recently embraced. And to this danger every Protestant is more particularly exposed ; especially in a country where toleration in religious opinions is allowed : for there excess of fervour is the most likely to be awakened.

Enthusiasm and insanity bear such close affinity, that the shades are often too indistinct to define which is one and which the other. Exuberance of zeal on any subject, in some constitutions, soon ripens into madness : but excess of religious enthusiasm, unless tempered by an habitual command over the affective passions, usually and readily degenerates into fanaticism ; thence to superstition the transition is in sequence ; and permanent delirium too often closes the scene. Enthusiasm and superstition, however, are not necessarily in sequence ; for they are as opposite in character as, generally, in effect. The one is almost always the con-

comitant of genius or a vigorous mind, and may inspire the purest piety or benevolence, or emulate deeds of the highest glory : while the other seldom invades genius, except when extenuated by some corporeal disorder ; but is commonly confined to the weak, the timid, and the uninformed ; and in them produces either the blindest fury or the most gloomy despondency.

Hence I conclude, that there is a preparatory and essential condition of the mind, to which it must be brought, before religion can originate insanity ; and that condition is that of doubt, as to the orthodoxy of the doctrine professed.

Were the remote cause of insanity, whether marked by religious exaltation or despondency, to be traced, I verily believe, that almost all such lunatics would be found converts from their original to a new faith ; and that the aberration was usually developed during the transition.

Every writer in expatiating on the exciting

causes of insanity, has ascribed a large and direct influence to religion. But they generally impute it ; firstly, to the mysticism of the tenets inculcated; secondly, to the intenseness with which abstract theology has been studied or followed ; and thirdly, from religion being over ardently impressed on minds too tender or narrow to comprehend it. But none seem to advert to that particular state to which the perceptive and reasoning powers are brought, before religion ever induces derangement. It has been justly remarked, that when once the medium, through which we have been accustomed to view the **DEITY**, is impaired, in the endeavour to approach **HIM** through a new one, the mind is bewildered ; we know not where to rest ; and, ever dissatisfied, no clear conception is obtained of the real presence of **HIM** whom we seek. This state is the most dangerous to the human mind ; and there is no marvel, if, at such a crisis, the intellects fall into disorder.

The consequences to which this mental condition leads, are admirably portrayed by an elo-

quent historian, in describing those extravagancies which marked the dawn of the Reformation : "When the human mind," says this elegant writer,* "is roused by grand objects and agitated by strong passions, its operations acquire such force, that they are apt to become irregular and extravagant. Upon any great revolution in religion, such irregularities abound most at that particular period, when men, having thrown off the authority of their ancient principles, do not yet fully comprehend the nature, or feel the obligation of those new tenets which they have embraced. The mind, in that situation, pushing forward with the boldness which prompted it to reject established opinions, and not guided by a clear knowledge of the system substituted in their place, disdains all restraint, and runs into wild notions, which often lead to scandalous and immoral conduct. Such was the effect in the first ages of Christianity, as well as at the era of the reformation. The renunciation of the ancient faith, and ignorance of that which they had embraced in lieu of it, excited converts to acts more resembling insa-

* Robertson's History of Charles V. vol. ii.

nity, than of that religion which inculcates the purest morality and the government of our passions."

The picture here drawn, in lines as bold as just, of the effect of conversion on a multitude, is an exact representation of what occurs in individual cases. In fact, I do not recollect an instance of insanity implying a religious source in any person stedfast to his ancient opinions. Wherever it was suspected to emanate from such a cause, it was clearly to be traced to circumstances which had diverted the lunatic from the authority of primary principles to the adoption of new tenets which he had not comprehended, and therefore had misapplied. The maniacal action appeared always to originate during the conflict in deciding between opposite doctrines; and the exacerbation arrived before conviction was determined. Thus, in one fourth of all the lunatics coming immediately within my cognizance, among whom were many catholics, protestants of all denominations, and a few jews, some religious aberration has predominated. But in

none of those who had followed their primitive worship to the epoch of their insanity, could I detect a connexion with a religious cause : like any other hallucination, it was merely—

“ — a bolt of nothing—shot at nothing,
Which the brain makes of fumes.”

While the mind is in suspense between the dread of doing wrong in affairs of conscience ; and the balance is poised between attachment to long cherished tenets, and the fear of being excluded from salvation through the medium some new light offers, the feelings are excited to a morbid degree of sensibility and irritability. In such a state, an incident, which, at a period when we are satisfied with ourselves, would pass unheeded, will ignite the latent spark, and inflame the mind even to madness.

A few examples will best illustrate what I conceive to be cases of insanity, where religion was the actual agent; but in every one of which it is manifest, that the effect sprung from a perversion of religion, or from the adoption

of novel and controversial doctrines, at a juncture when the understanding required the full support of an accepted and credited faith. Of course, the medical histories of these cases would, in this place, be mere impertinence.

EXAMPLE I.

A single lady, about eight and thirty, enjoying good health, naturally of a cheerful temper, and regular in her devotions according to the rules of the established church, went, in the winter (1818-19), on a visit. The family she visited were followers of Swedenbourg. Partly through importunity, and partly from complaisance, she attended their worship, and listened to the doctrines propounded. For the first time, perhaps, she catechized her present opinions : doubts arose ; and ere she had renounced her former belief, or had adopted the new, she returned home to the vicinity of London. She shewed great and unusual disquietude of mind. Easter Sunday (1819), which was shortly after her return, she accompanied her mother to church. She stopt to receive the

sacrament. There were many communicants: and when the chalice was presented to her in turn, upon lifting it to her lips, she perceived that not a single drop of wine was left for her! She was excessively disconcerted and confused, hurried from the altar in dismay, and retired from the church. She declared she was lost; for the emptiness of the cup proved she was rejected of God! A furious paroxysm of mania ensued. It was, however, only temporary; and she, in a short time, regained her former composure.

In this lady's case, if the religious principles she had always professed had not been unsettled by the new doctrines she had heard, the casualty that proved the exciting cause of the maniacal paroxysm, would have failed of any marked effect.

EXAMPLE II.

A young unmarried lady, aged 27, of delicate form, and liable to hysterical affections, but of an exceedingly cheerful disposition, and who had received a plain education, was induced, at the

instigation of some over-zealous friends, to believe, though always attentive to her religious duties, that she was not following the true light. Previously she was happy and content with herself. Suddenly she was brought into communication with some gloomy sectarians. Thenceforth she gradually lost her spirits and health, began to loath herself for supposed sins ; and fell into perfect listlessness.

I saw her in this state; and advised that course I thought most likely to remove her bodily complaints, and restore the wonted equanimity of her mind. Unfortunately my advice was not followed in any respect. She became exceedingly wretched and despondent, and could apply herself to no occupation but reading religious books. She imagined herself unworthy of the present or the life to come. For change of scene, and to obtain such advice as would *reason her* out of her delusions, she went on a visit to a friend's house. There, in succession, ministers of different persuasions were sent to converse with her. Her mind became still more

disordered ; and she attempted suicide. She was then placed under my care.

Shortly, she shewed signs of amendment, and gradually lost every hallucination. She resumed her original accustomed devotions ; and in three or four months returned to her friends. She continued some time well : when, returning to the same scenes, and falling into the same society, she relapsed ; and is, at present, again in confinement.

Here was a constitution, both of body and mind, predisposed, on any strong excitement, to aberrate. The suddenness of the change attempted in her religious opinions, as well as in her habits, and the apprehensions thereby induced, by degrees undermined her health, and eventually disordered her understanding. There was no evidence that it was the peculiarity of the new tenets she had been taught that had wrought this change ; but it was plain that those fences, which had before been her support, being broken down, her intellects were over-

whelmed before any other spiritual prop was established. Her relapse was a natural consequence of a too early renewal of former associations.

So it ever is with a very young and ardent mind, when religion is endeavoured to be too strongly impressed, before the understanding has acquired power to reason on and appreciate the doctrines attempted to be instilled. Although no education can be deemed good except the principles of piety and morality be inculcated, and are properly exemplified ; yet the young and yielding mind should be carefully guarded from encountering points of controversy. If a youth be destined for holy orders, the course of his studies gradually initiate him even into the subtleties of theology, without probably any disturbance of his reasoning powers ; for if doubt arise, it is perhaps immediately resolved. But when such mysteries are without due preparation enforced, and no clear expounder is at hand, the danger of distraction is imminent.

EXAMPLE III.

A gentleman of fortune, and some consideration, but who had become highly nervous, and somewhat hypochondriacal and gloomy, anxious that his son should be educated with strict principles of religion, placed him under the care of several divines in succession ; each of whom was enjoined to be very attentive to his religious instruction. Many of the most abstruse doctrines of theology were pressed upon him. His mind, consequently, became perfectly bewildered and enfeebled, and impressed with the most visionary images. At length he conceived that his sole duty was to pray for the remission of his manifold sins, and to study the Bible and particular homilies. Accordingly, if he walked out, when the devotional fit came upon him, he cared not in what puddle he knelt ; or, if at his meals, his food was quitted for prayer. Soon his spiritual extravagancies were so many, and, if interrupted, his violence so great, that he was pronounced insane. As he was uncontrollable elsewhere, he

was sent to my establishment. He was then about fifteen years of age.

No notice was taken of his religious enthusiasm : fresh excitement only was avoided. By degrees his thoughts and views were diverted to objects more congenial with his years. Innocent amusements were introduced. As he now behaved very docile, and had some taste for the sciences, he was induced to visit different exhibitions, and to read History and Belles Lettres. At length, after several cautious trials of his present religious feelings, the Bible was allowed him ; and with good effect. Then, and not till then, he was trusted to church ; where he conducted himself with the utmost propriety. Soon after, he returned home and went on a tour. In about six months he remoyed to a new school, where he finished his studies. He has now been three years at one of the universities, where he has been distinguished by his talents : nor has he exhibited more zeal in his devotional duties than a correct sense of them dictates.

Youth is the natural season of enthusiasm. The imagination is then vivid, and sensible and responsive; and in proportion to the force of the impression, so is the effect. Capacities of very different caliber are equally liable to derangement, though they will not be similarly affected by the same causes. Genius, improperly directed, is, perhaps, more prone to aberration than an understanding of mediocrity, or even of inferiority. Education is the pivot on which the future character, intellectual and moral, turns: hence, on a mind well cultivated and judiciously trained, and on one neglected or formed on a vicious model, very opposite impressions are produced by identical causes. In the former case, the excitement must be very intense, if insanity be rapidly developed; and if religion be that excitant, there are generally others preceding and in concatenation, aiding the intellectual derangement: in the latter, if an excitement so powerful as religion be applied without judgment, the seat of reason is easily and quickly subverted. Perhaps, in every instance where insanity has supervened to religion, some defect in education may be sus-

pected. Not but the understanding, however informed and strong in prosperity, may be so subdued by adversity, as to be extremely susceptible of morbid impressions.

In further illustration I shall submit three examples—**1.** Where there was natural genius cultivated by education, but where its developement was not properly watched and directed ; (Ex. IV). **2.** Where the talents were good, but the mind was superficially instructed ; (Ex. V).—**3.** Where the mind was highly cultivated, but the judgment was subdued by misfortunes ; (Ex. VI) : in all which, either the tenour or novelty of the doctrine infused, or the misapplication of religious counsel, was the immediate causation of mental derangement.

EXAMPLE IV.

A young lady, aged about 22, not the only member of her family marked by a natural genius, but of acutely nervous sensibility and delicacy of constitution, had, from living in a state of affluence, retired with her mother to a modest

cottage; in a beautifully situated village; where she soon deeply engaged herself in every pursuit that an ardent imagination and pure philanthropy dictate. She was the instructress of the poor, and the comforter of the distressed. In short, she was an enthusiast in every opinion she adopted or duty that she undertook. In this frame of body and mind, a minister, not less remarkable for his zeal than for his persuasive powers in enforcing certain theological tenets, settled in the same place. Struck with his discourses, she gradually imbibed his doctrines, though very opposite to those she had been taught. She grew very disquieted; and although becomingly pious and attentive before, henceforth she devoted herself entirely to theological studies; but without interruption of those good works in which she was ever engaged. Her health, however, soon suffered by the extraordinary ardour she displayed in the performance of the various duties she had now undertaken. To wean her from pursuits which were evidently making as great inroads on her peace of mind as on her corporeal system, she was removed to the sea-

side. Here her case was unfortunately mistaken. Her health grew worse, and her spirits more unequal. She returned home : and it was at this period she wrote to a physician in a contiguous provincial city, not less distinguished for his private qualities than his love of science, the letter inserted in the margin.*

* DEAR SIR,

The benevolent and persevering attention which I saw you exercise last summer for my unhappy friends, induces me to think, that any opportunity of doing good is welcome to you ; and that you will not, on account of its length, and the time it may occupy, refuse to read the statement of a case, which I think requires a fuller explanation than ordinary.

I am not, I hope, prompted to write to you by the despicable wish to speak of myself, but by a sincere desire to profit by your assistance in avoiding errors, and becoming as useful as the measure of my talents will permit.

I believe your penetration must have discovered, when my mother consulted you for me, that I concealed some part of my disorder from you ; and you probably conjectured the hidden part was a mental disease ; since whatever terrors infirmity of body may bring on, weakness of mind, I believe, only can produce an excessive fear of human opinions.

It was early decided by a medical friend of my family, that my constitution was extremely irritable ; a sentence which was quite incomprehensible to me, till experience too well explained it. In my earliest childhood my spirits were very weak, and I frequently shed tears, though, when asked by my mother what was the reason, I could never give any.

Nothing can so truly delineate the state of a fine but erratic mind contending against morbid feelings and perceptions, as this simple but elegant appeal ; or give a more clear prognostic

However, I felt that I wanted something. Perhaps the discipline used for me was not exactly suited ; but I know not how it could have been otherwise, since my mother's natural character was as different as possible from mine ; so that no experience could lead her to understand me. My outward appearance was exceedingly calm, so that I resembled more the statue of a child than one alive. My mother thought that so much apparent moderation needed no correction, and she did not know that I wanted all the assistance that the most watchful care could give me. As this was the case, I was too much indulged, I believe. As a father, Sir, you will comprehend many little things, that to another might appear ridiculous, and they will not appear unimportant to you because they are childish. Amongst your children's books there may, perhaps, be one of Scripture History, with prints, and amongst them one of Nebuchadnezzar in his state of degradation, very ill executed, and probably ridiculous enough. When I was very little, perhaps before I could read, my mother found me crying violently over this print ; and, on inquiry, found it was because I thought I might at some time or other become like this king. She laughed at me very naturally, and I felt much relieved, and thought there was no danger. Yet, if I am not mistaken, I had then felt, for the first time, that fear and abhorrence of evil, which has never till lately been sufficiently strong in my mind to produce good.

The clergyman of my native place is a very good man. His doctrines were in that country almost universally considered

of what was likely to happen: In fact, about a fortnight after it was written, a severe paroxysm of mania followed. In a short time she was carried to ——, to be under the

as methodistical; yet they are to be found in almost every page of the Bible, and at this time are preached, I believe, in almost every pulpit, from that of the University to that of the most obscure village, as the doctrines of the Church of England. Opposition had perhaps inflamed his zeal, and induced him to dwell more on faith than on morality; and it was very seldom that we heard him explain and enforce the intimate union between them. His sermons made considerable impression on my mind; but the violence, rather than the warmth of his manner, made it a painful one; and it was not productive of any active effect.

When I was about twelve years old, my sister, a child of extraordinary talents and virtues, died at the age of fourteen, with Christian hope and joy. Her death, succeeded as it was, by a train of family misfortunes, very much withdrew my mother's attention from me; and I became most completely at my own disposal. In a year or two I fell into extreme indolence. In this slavery I have remained till within a few days, not without almost constant self-abhorrence, and some severe struggles.

Your knowledge, Sir, must make it unnecessary for me to describe the debility of constitution, the stupidity of understanding, and the insensibility of heart, which are the consequences of sloth. From these, assuredly, nothing but the mercy of God could deliver me. This I have long resisted, though I have seen it in the beauty of the material creation, heard it from the lips of human genius, and felt it in the application of the Scriptures by my conscience.

care of the physician to whom the letter was addressed.

With all the seeming candour which pervades her statement, some art is apparent. She

Now, that I have conquered my sinful habit, and have reason to hope that "more grace will be given," I have still some very painful apprehensions. The weakness of my understanding is such, that a short calculation, or a few moves at chess, gives me a violent head-ache, and a universal trembling. The activity and force of my imagination appear to me such, that if I were left to myself, there is no extravagance of which I could not be guilty. I have happily found some little active employment; but when I am doing any thing which is merely mechanical, I feel as if (without having any intention of removing) it were impossible for me to keep my seat. When at such times I can find an opportunity of reading a few verses in the Bible, I feel immediately quite calm. But I cannot quite avoid the fear that I should abuse even the medicine of life. I have happily, in my brother, a friend, on whose strength of mind and goodness of heart, I can rely with perfect confidence; but he, perhaps, wants some of that peculiar knowledge and experience, which may be necessary for me. A sensation of sickness, which accompanies my most impatient feelings, and a degree of restlessness at night, gives me some hopes, that, by the aid of medicine, I might be placed in a more secure state.

You will, I hope, excuse the length of my letter, as I thought it right to give you a true and sincere statement of my course of life, as far as regards this subject.

I must add, that nothing but my belief of your confidence in the sacrifice which has been made for the sins of the whole

alludes to the tenets of the clergyman of her native place, which she denies having had, when a child, "any active effect" on her, in the very terms which she would, had she had courage, have described the effect of the new doctrines she had recently heard; and which had actually produced on her mind the impression she deprecates.

In about three months, the case appearing confirmed insanity, she was removed to lodgings near town, to be under my care. In this stage I first saw her: She was past the sense of all moral attentions: her intellectual faculties were wholly absorbed; consciousness was denied; volition only seemed to be exercised. But in her soliloquies, or rather ramblings, what she said betrayed the inward workings; and that all her thoughts

world, could have induced me to make this disclosure. If I had not this faith, the knowledge of my offences would be death to me; and I cannot endure that any person who does not possess it, should know them.

I am, Dear Sir,

Your obliged humble servant.

I must observe, that a fear of alarming my mother prevents my communicating this letter to her.

were bent on religious subjects. She was, however, eventually cured.

With the restoration of her understanding her religious enthusiasm subsided ; and she again resumed all the elegant and lighter accomplishments of which she was mistress, but had long neglected. As a convalescent, she remained some weeks under my direction. Then, contrary to my earnest advice, she returned to her usual place of residence. Former associations were renewed ; and she was allowed to pursue her own inclinations. Her health soon again became disordered : shortly she imbibed the most frightful and delusive impressions ; and she was threatened with a complete relapse into her former mental malady. In this state I found her, when requested to visit her in the county of ——. Fortunately, the means prescribed preserved her from this calamity.

EXAMPLE V.

A young lady, of good natural parts, but who had had that superficial education females

receive at ordinary boarding-schools, was indulged at home in every vagary of foward fancy. She was just seventeen ; and Shakespeare and Radcliffe and Byron and Love, were alternately the idols of her imagination. Still she was not vicious. A seriously inclined neighbour, pitying her flightiness, undertook to reform her by his pious exhortations. At first, they seemed to have a good effect ; for she became more grave and steady in her conduct, and very attentive to divine worship. Serious impressions seemed daily to gather strength. She soon, however, went to the extreme, and talked of nothing but religion. Her zeal, at length, became so ardent, that she read nothing but pious books ; and she was particularly careful to attend every church where she learnt the sacrament was to be administered.

In a short time she was so exalted, and her conduct so inconsistent, that her father took her to France, in the hope that change of scene would correct these aberrations. The very night of her arrival in that country, a furious fit of mania occurred ;—an event probably ac-

celerated by suffering extreme sea-sickness.* She was confined a few weeks, when she appeared nearly recovered. Upon going out, she witnessed, for the first time, the ceremonies of the Romish church, with which she appeared much struck. From that moment, she lost all her zeal for the protestant faith ; and nothing would satisfy her but she would be a catholic. She was brought home. No care, however, removed this conceit ; and she still continued so wild and unmanageable, that she was sent to a lunatic asylum. There I first visited her. Medical and moral remedies were prescribed : she mended ; and might possibly have soon recovered, if some family misfortunes had not interrupted the course of treatment, and induced her removal. In three or four days she relapsed. Soon after, she was sent to a public hospital ; where, in about six months, she perfectly recovered. Her former religious hallucinations entirely disappeared ; and the discipline to which she was probably

* Within the last two years I have been consulted in three cases where mania was clearly consequent on this cause.—B.

subjected, produced a degree of steadiness she never before evinced.

EXAMPLE VI.

A lady, the daughter of a merchant, possessing an agreeable person, and all the elegant acquirements which could be bestowed ; at the same time the most correct religious and moral principles ; and enjoying all the comforts flowing from domestic life, had very early fixed her affections on a gentleman worthy of her. Reasons, on the part of her friends, interfered to prevent a union ; and she endeavoured to subdue her attachment. The struggle was severe, but persisted in a long while. At length, consent was given to the match ; they were married ; and a connexion in business was formed between the father and husband. In a very short time, the embarrassments of the former involved the whole fortune of the latter ; and in about a year the young couple were left without any provision, with one child, and the expectation of another. What added to her affliction was, the trouble of

her parents and their other children, for all of whom she had the tenderest affection.

I knew this lady from her childhood. She never had a good constitution; but had always been subject to severe head-aches and other corporeal ailments. The weight of such woes aggravated all her complaints: nevertheless she bore all with great fortitude. A near and dear relative, with whom she corresponded, in the attempt to console, very vehemently exhorted her to seek alleviation in religion; which advice she enforced by such spiritual arguments, as she thought the best calculated to effect it. Unfortunately those arguments were intertexed with many abstract doctrinal points which were new to the sufferer. In the adaptation of them to her own case, she felt great perplexity. Instead, therefore, of deriving consolation, and bearing her misfortunes with that resignation which she at first evinced, and would most likely have continued, had the mild and cheering principles in which she had been bred, been resorted to; she at last adopted, without due examination, the most dangerous

sophisms for truths ; and yielded her whole mind, forgetful of every other duty, to these delusions.

It was soon perceived, that her reason was wavering : when she was sent, to divert the train of her thoughts, to a distant county, on a visit to some kind relations. But the association of ideas was not sufficiently severed ; on the contrary, she was allowed too much to indulge in her aberrations, and even to correspond with those, who, without reflection, rather encouraged them. Shortly, complete insanity was developed.

In this state she was brought to London, and consigned to my direction. She was then only twenty-four years of age. There was evidently great constitutional, as well as mental disorder. In a few months I had the happiness to see her health much improved ; and every illusion, by degrees, vanished. She went to Brighton, with a proper attendant, for a few weeks ; and then returned, much, I must confess, against my judgment, to the bosom of her family.

Never, probably, was a person who had been insane, exposed to greater risk of relapse. She was immediately placed so as to feel all the wretchedness incident to a change of fortune, and entire dependance. She had, besides, the shock of beholding her husband, to whom she was most affectionately devoted, suffering under a cruel malady, which threatened his life, or his being reduced to the same condition as that from which she had so recently recovered. Yet, after the first struggle, and experiencing some threatening symptoms, she rallied; and has now (above a year and a half) supported all her trials with astonishing resolution and unerring judgment. Now it was that she experienced real consolation from religion. Her recent spiritual delusions had passed away. If she remembered the new lights which had so fatally misled, and finally absorbed her reasoning faculties, she was aware of their dangerous effect; and relying solely on those principles whence she had formerly always derived satisfaction and support, she has been enabled to preserve her reason, and attain a state of comparative happiness.

In all these examples, mistaken views, or the misapplication of religion, I apprehend, may be recognized as the proximate cause of the mental derangement. And I am the more confirmed in this conclusion, from observing, that as the mental excitation subsided ; so the spiritual fervour abated : and when readmitted to the exercise of their devotional duties, the patients felt and expressed that consolation which pure Christianity to a mind piously disposed, always affords ; heightened, as the impression would naturally be, by a deep sense of gratitude for the mercy vouchsafed, in their recent recovery.

Where insanity is a mere effect of erroneous impressions of religion, the peculiar hallucination having relation to it, when reason is restored, evanishes ; and no more trace of it or of any other religious error remains, than of the transient phantasms of a dream. So it was in all these patients. In none were there grounds to suspect hereditary predisposition ; but certainly all possessed a constitutional temperament highly susceptible of excitement, and consequently fa-

vourable to derangement. Religion, therefore, in these instances, can be considered as the agent only: and, as may be the case with any other agent, the effect was consequent on the misuse, and not on the fair and proper application of it.

To adduce examples where the maniacal action seems to have originated the religious propensity, were acts of supererogation. They are exceedingly numerous. Nothing is indeed more common, when the symptoms are fully unfolded, than to see some hallucination preponderate, connected with perverted views of theology, where no bias of the kind existed, while the patient possessed a sane understanding.

It will scarcely escape remark, that five out of the six examples cited are females. The selection is not designed. Were every similar case recorded, I believe nearly the same disproportion would be found between the sexes: at least, such is my experience. There are, doubtless, physical causes in the female economy, whence women are more

prone to insanity than men ; but the moral causes superinducing it are still more numerous. Physically, man is more robust, and has less sensibility, or, as the physiologist would have it, irritability, than woman ; morally, his education is more solid, and his pursuits more active and definite. The education of females is generally showy, rather than substantial ; and as they naturally possess more ardent and susceptible minds, want of active occupation becomes a most dangerous enemy to them. Thus circumstanced, if any object present itself sufficiently striking, they are apt to embrace it without due examination ; and if of a nature to excite, it soon exercises an inordinate influence. Nothing is so conducive to this effect as new views of religion : nor is there any stimulus, when applied to such systems, so powerful and irresistible.

The self-described precursory state of the patient (Example IV), is indeed an affecting but just commentary on that condition to which the finest mind is often reduced in a young enthusiast, by attempting to attain hyper-perfection. Nothing

can more correctly represent the mental agitation and alarm experienced when doubts are raised, and the perceptions diverge, but resolution no longer exists for self-examination.

Although no system of morals can be stable that has not religion for its base ; yet there are social as well as spiritual obligations, which our duties in this life impose ; and which are essential to the preservation of a due equilibrium of the faculties, mental and bodily, of the constitution : which side soever the balance is suffered to preponderate, the corresponding functions will sympathize. Unfortunately, the duties of social life are almost always abandoned by religious enthusiasts : and they appear to think this is essential to salvation. They become, therefore, frequent sacrifices to intense abstraction ; of which a natural consequence is—insanity.

Those opinions we imbibe in infancy, and which have grown with our growth, rarely exuberate and run into extremes. So, likewise, that to which our corporeal system has been habitu-

ated, can be endured without disorder ; while, in the economy of one, a stranger to it, it proves a violent poison. Thus it is with the intellectual system. I never yet met with an instance of insanity from mere religious impulse ; except where innovation had been attempted in an established belief, or where it had produced deep remorse in the breast of one who had sinned beyond hope.

Were I to allege one cause, which I thought was operating with more force than another, to increase the victims of insanity, I should pronounce, that it was the overweening zeal with which it is attempted to impress on adolescence, the subtle distinctions of theology, and an unrelenting devotion to a dubious doctrine. I have seen so many melancholy cases of young and excellently disposed persons, of respectable families, deranged from either ill-suited or ill-timed religious communication, that I cannot avoid impugning such conduct as an infatuation, which, as long as persevered in, will be a fruitful source of moral evil. The old Romans knew hu-

man nature better: they had a law which forbade any person entering upon the sacerdotal office before the age of fifty. This was to prevent theological discussions before an age was attained when a bad effect was not to be apprehended. If such studies were likely to disturb a Roman, under fifty, we may judge the probable influence on a modern of fifteen or twenty. Seriously, this practice is an alarming error: it is growing to an excess fatal to the preservation of intellectual sanity; and, in a manner, especially dangerous to the rising generation.

Thus it is evident, that religion is sometimes the cause, sometimes the effect of insanity. Important, indeed, are the consequences to the remedial system, which may result from an erroneous distinction. But into this consideration I must not here enter.

There is one practical observation, however, in which I shall venture to indulge. It is in this place peculiarly appropriate; since it is a natural corollary on the subject just dis-

cussed. Religious insanity, as it is commonly designated, is considered singularly obnoxious to the curative art. I am not disposed to acquiesce in this as an accepted and incontrovertible axiom. The term, "religious insanity," is too indefinite. It is generally applied to cases of melancholia, in which religious hallucinations predominate. But do we not often see cases of melancholia, where there are other hallucinations to which the patient has as pertinaciously adhered? And is not every morbid idea in a melancholic more difficult to remove than in any other case of insanity? The truth is, that be the hallucination what it may, it is no more than a symptom of intellectual distraction, and will subside with it. But, like the symptoms of other complaints, it may be exasperated by certain stimulants, and, by re-action, heighten the original disorder. Thus, then, it is not because the hallucination is relative to religion, but because it is grafted on the most incorrigible of all species of insanity, that it is inveterate.

Neither is it the species, generally, which

opposes the most powerful obstacle to the cure of mental derangement complicated with religious aberrations. A greater impediment is—a false prepossession, which too often begets want of confidence in the plan prescribed. Nothing is more common in cases of insanity, than for the advice of the physician to be in a moment superseded by the interference of kind but injudicious friends. As in the examples quoted ; so, whenever I have been left to follow my own judgment, however deeply the mind was imbued with religious delusions, I have never, in recent cases, found particular difficulty in curing the patient. The contrary opinion, which prevails, strengthens the prejudice already too universally diffused, that “religious insanity” is incurable : this, by preventing the application of prompt and energetic means, tends in reality to render it so.

There is another point of view also, in which the relation of religion to insanity is highly important, and to which inquiry may be usefully directed. But this demands a distinct consideration.

SECTION X.

ON THE EFFICACY OF RELIGIOUS INSTRUCTION OF LUNATICS.

THE effect of religious instruction on the insane, a question at present much occupying the attention of those who have their welfare most at heart, emanates as a consequence from the preceding observations.

If religion, under any circumstances, be, as I propound, sometimes a cause of insanity, the result of an error of judgment in the application of it to a lunatic, as a means of cure or of consolation, may be readily appreciated. That religious instruction should have been proposed, under certain restrictions, to the patients of a lunatic asylum, does infinite credit to the piety and good intentions of those in whom the design originated.

But, however correct theoretically, it can never be admitted practically, as a general principle. Although indelibly impressed with the efficacy of religious communication in particular cases ; yet, I am equally so, that in others, it is highly inimical. In truth, the attempt would often be a mockery of religion, and a gross impiety.

The effect of divine service, according to the usual forms, with a sermon, has been recently tried on the patients in the Glasgow asylum,* and spoken of favourably. But then a judicious selection was made of the auditors, and discourses suitable to the occasion were delivered. An attempt was last year made in the Nottingham asylum, “ respecting the practicability and most eligible means of introducing some mode of religious instruction to the patients.” The trial, however, being so recent, nothing decisive was inferred.

The design of affording the aids of religion to the relief of persons mentally deranged, is by

* Report, 1820.

no means novel. In 1677, there was a chaplain to Bethlem, whose office was, “to visit the lunatics, and to instruct and pray with such of them—*as are capable of it*”—a distinction certainly most wise. As if impressed with the extreme delicacy of the function he had to perform, the order ran, that he “be desired to compose and make such formes of prayers, as he shall conceive most fitting for the said lunatickes.” When the services of the chaplain were dispensed with, and whether his discontinuance was for reasons which would reflect light on the result of his labours, does not appear. Possibly the records of that hospital have afforded an elucidation, encouraging the revival of the practice, since it has been lately resumed.

The celebrated Howard, in his account of Bethlem and St. Luke’s, speaks of the advantages of a chapel *for the recovery of patients* in those hospitals; having seen like appendages to similar institutions he had visited abroad. But it is probable this philanthropist was more struck with

the pious intention, than really informed of the specific effects of religious worship on the insane.

In the Retreat, “the mild but powerful influence of the precepts of our holy religion,” the judicious Tuke remarks, “where these have been strongly imbued in early life, become little less than principles of our nature; and their restraining power is frequently felt, even under the delirious excitement of insanity.” This is true; but then those precepts must be unalloyed by polemical dissension. Such a religion will neither disturb the passions, nor rouse those particular associations, often latent in the minds of lunatics. Besides, at the religious meetings in the Retreat, the service is confined, generally, to the superintendent’s reading a few select chapters in the Bible. The pains taken also in that excellent institution to be previously and fully acquainted with the disposition of every patient and the nature of his insanity, preclude the hazard of doing harm; and certainly is often productive of essential benefit.

Before religious instruction in any form be attempted, let it be received as a maxim, that an intimate knowledge of every patient's state of mind, and of his former and present opinions regarding religion, should be first ascertained ; and till all doubt on this head be removed, such interference should be suspended. This information, among a great number, is difficult to attain. Even then the admissibility of this powerful auxiliary, in assuaging the anguish of a troubled mind, and in aiding the recovery of convalescent lunatics, must be left to the judgment of those by whom such patients are surrounded ; and above all, to the accuracy of the superintendent's discriminating powers. Hence it is easy to conceive, how great an adept he ought to be in fathoming the recesses of the human mind. No minister, except he have constant intercourse with the patients, and be well acquainted with each, can assume this office ; of all the functions he has to exercise, he will find none requiring so much tact and discretion, as that of administering spiritual advice to the inmates of a mad-house.

Suppose a certain number of lunatics were selected, whose cure, it may be thought, religious instruction will facilitate. Is it not clear that the spiritual admonitions which may be adapted to one, may be a source of irritation to another? For where men who are called sane, are so exceedingly tenacious about the mere forms and ceremonies of worship, and are thence impelled to acts little short of madness; how can we imagine, that, among a number, some insane, some weak of intellect, and some not confirmed yet in judgment; that offence should not be taken, if the doctrine or rites most consonant with each patient's notions, be not preferred? Without, therefore, the utmost precaution, it is not difficult to determine, that the introduction of spiritual subjects must be dangerous and often injurious.

The great mischief which certain fanatical preachers occasion to the weak and superstitious, is not simply in the mysticism of the doctrine they advance; though often in itself sufficient to confound the uninformed minds of those to whom it is generally addressed; but, without distinction, it

conveys alike to the innocent and gentle, as to the wicked and callous, the image of a **SUPREME DEITY**, jealous and full of wrath and vengeance. For the pious—there is no hope; for the guilty—no salvation, even through repentance. Hence terror and alarm, instead of confidence and hope, are inspired; and despair follows. To such a motley congregation as a public lunatic asylum will present, it is still more necessary that the doctrine promulgated should be modified to meet the varied feelings and mental conditions of the auditory; otherwise the aggravation of some cases is inevitable. The difficulty, or rather impossibility, of this task may be readily conceived.

It would assuredly be a most acceptable service, were a set of prayers composed, applicable to a congregation selected from convalescents and such lunatics as, from the fitness of their minds, might be supposed capable of deriving consolation from being permitted to breathe the emotions of grateful and contrite hearts to the **FATHER OF ALL MERCIES**. Discourses, too, surely might be written, divested of all scholastic and contro-

versial dogmas, that would guide and comfort the wounded and wandering spirit.

There are doubtless many lunatics to whom religious instruction would be extremely useful, if it were adapted to their peculiar case ; but who, as attendants on the ordinary forms of worship, could not avoid hearing matters which might give birth to some dormant feeling, and thus derange whatever harmony of mind they had attained. There is a well-known existing case in point : A gallant officer, who was long confined as a lunatic, and now enjoys his liberty, and exercises with great propriety all the functions of a magistrate and a good citizen, on hearing a certain and essential part of the church-service read, a particular hallucination is revived, and his reason aberrates. Were he to be often exposed to this excitement, he would, probably, be permanently insane. This case is far from being a solitary one. It is plain, therefore, that religious instruction, when admissible, ought, generally, to be administered, segregately, through the medium of private communication.

Of all the difficulties opposed to the cure of insanity, as I have before hinted respecting individual cases, so I may observe, commonly, the subject of religion is often the greatest.

Zealots seem to have imbibed an opinion, that religion can supersede reason, and still sanity continue; for that the percipient faculties can never be so obscured as to intercept spiritual lights: therefore they will never be persuaded, that religious communication can, in any condition of the understanding, prove hurtful, and aggravate insanity. As zealots are commonly bigots, such prejudices are nothing wonderful. But there are many persons, certainly, of unfeigned piety, and in every thing else of sound judgment, who carry their notions of the efficacy of religion as a remedy in mental derangement, to the most painful and unreasonable lengths. Thus they frequently insist, that the lunatic, for whom they are interested, shall have free access to religious books and communication upon the very points with which the mental aberrations are most clearly connected. Such persons, for they de-

serve not the character of friends, do not consider that the mind of a lunatic is comparable to that of a child ; with this difference—in the former, it no longer performs its functions correctly—in the latter it has not acquired strength sufficient. We would not apply reasoning, to appease or correct the fugacities of a child ; because we know his ratiocinative powers are unable to discriminate or appreciate its force. Why then should we adopt that course with a lunatic, whose perceptive and reasoning faculties are, perhaps, alienated ; or, if the powers of perceiving or reasoning remain, are so perverted, that he never can be convinced that he sees things darkly or erroneously ? and whose arguments, though often correct, are always deduced from wrong premises.

The more thoroughly we examine the subject of religious instruction in relation to lunatics, the more sensibly shall we feel the necessity of deliberate selection. Every experienced physician must have seen cases of insanity, in some of the stages of which, it might be received with ad-

vantage. Every Christian will wish, that no opportunity of applying it should be omitted, when it presents. But were it to be attempted without the nicest discrimination of individual cases, where the understanding of one would be restored, many would be irretrievably alienated.

It results, that religious instruction must in the first instance be tried as an experiment: the only safe way in which it can be essayed, is by a previous personal examination of each patient's state of mind and feelings; and if pronounced in a fit frame, there can be no question, that the inculcating of the simple and benign precepts of Christianity, will not only be found an efficacious auxiliary to the restoration of a sane understanding, but to the subsequent preservation of it. For true religion yields to the afflicted—relief; to the sinner—hope; to the repentant—forgiveness; and to all who possess a sound mind, and believe, is “the source of light and life and joy and genial warmth and plastic energy.”

SECTION XI.

SUGGESTIONS RESPECTING LEGISLATIVE REGULATION OF LUNATIC ASYLUMS, &c.



THE frequent agitation of the subject, both in and out of Parliament, and the unsettled state in which it still remains, sufficiently evince the difficulties attending legislative interference to improve the system of lunatic asylums, and the moral management of the insane. The many impressed and irritated, by the *ex parte*, and too often interested, testimony adduced before the Committee of the House of Commons, in 1815 and 1816, saw nothing but the shocking scenes represented to have occurred ; nor waited to investigate the causes to which the real abuses disclosed owed their origin. Others, however, whose sensibility was more under the controul of reason, while they deprecated those abuses which too truly did exist, justly appreciated the sources

of them ; and hence condemned regulations, which, if for no other cause than their complexity, were highly objectionable. Inasmuch as deranged intellect is, though perhaps in different degrees, always connected with deranged organic functions, it is clear that regulations affecting the treatment of the insane, must be a matter of great delicacy ; since it is an interference with a subject strictly medical.

The examination of various eminent physicians, and the evidence the Committee received of the proportion of cures effected in different asylums, all conduced to establish the fact, that insanity is decidedly greatly under the controul of medicine ; and the proofs which have been, in the course of this inquiry, adduced, have further demonstrated it.

Precedents shew the ill-fortune which, in every instance, has attended the interposition of Parliament in medical affairs ; and testify how difficult it is for individuals, not of the profession, to arrive at correct conclusions on

subjects connected with it. "In the division of human labour," says a judicious writer, "a politician succeeds no better when he ventures upon the province of the physician, than the physician would do, if he should chance to meddle with politics." This maxim is an exemplification of past as well as of the late parliamentary miscarriages, in legislating for the better regulation of lunatics. Such ever must be the result when theorists attempt to methodize. And nothing can be more plain to a practical observer, than that every enactment proposed, has been the offspring of those as wholly unacquainted with the nature of the malady as with the management of insane persons.

However, the interference of Parliament with this important subject, is certainly imperative. The great error is, that every provision has been founded on a speculative rather than on a tried and dispassionate view of it. In fact, it is a subject scarcely to be entrusted to parties having a strong feeling relating to it: and I fear, that the judgment of those who were en-

gaged in the late investigation, whether inquisitorially or testificatory, is as little to be depended on, as the impartiality of those who have a direct personal interest in the question.

In the evolution of futurity, events are unfolded that justify a departure from established and approved customs. Hitherto it has been our glory and boast, that while, in foreign countries, every plan promotive of benevolence, science, or the arts, emanated from the government, and was always at the charge of the public; in the British empire those objects were accomplished by the spirit and liberality of the community. And when this feeling ceases to operate, the enviable superiority our institutions have attained, must decline, and no longer preserve their present general pre-eminence. If, however, a deviation from so exalted a principle be ever permitted, I conceive it may in respect to the civil regulation of lunatics.

From the nature of their malady, the insane and the idiotic are no longer capable of exercis-

ing the rights of citizens; they are removed out of the pale of the social compact; are aliens to their nearest and dearest connexions; and are in themselves so helpless, and from that very cause so often exposed to wrong, that the law enjoins, what their condition absolutely demands,—supervision both of person and property: they, therefore, naturally become the special wards of their country. The laws, if inefficient, which they clearly are, should be amended so as to protect them and their properties in every situation; and not only to protect but provide for them, when the means are wanting, as miserable and hapless beings devolved as a sacred charge on the public. But in the adaptation of new laws to meet the exigency, care should be had, that, instead of protecting lunatics, and improving their condition, their state be not thereby deteriorated.

As my objections* to former legislative pro-

* CURSORY REMARKS on Legislative Regulation of the INSANE; and its Probable Influence on their Moral and Physical Condition: With Observations on some Defects in the present System. Harding, London, 1819.

posals are before the public, and the particular bill against which they were directed is defunct, never, it is to be hoped, to revive, it were superfluous to reiterate them.

Another Bill, however, is in contemplation. A noble and learned peer ;* who, from his rank, talents, and great experience, may be considered the most competent for the undertaking, is pledged to the measure. Wise, and beneficent, as his views doubtless are ; still, as I am a stranger to them, I hope it will not be thought too presumptuous in one, who, besides having some opportunities of forming a judgment, has deeply reflected upon the subject, if he offer his opinions.

I am aware, that as an individual personally concerned, the disinterestedness of my suggestions may be suspected. To this I must and am content to submit ; requesting nothing but an impartial consideration of the means I shall propose, as they relate to the objects in view.

* Lord Chancellor Eldon.

Time extenuates all impressions on the senses, and sets the judgment free. Thus, after so long an interval, if a review of all the evidence on the late investigation were instituted, conclusions more correct would be deduced ; and consequently provisions more suitable to existing evils, and better calculated to prevent their recurrence, would be proposed. Indeed, as I premised, the conviction of the very erroneous views which have been taken of many important points relating to insanity and the insane, and the necessity of their removal, before any efficient measure of regulation can be digested, have been the chief inducements to this inquiry. With what success my efforts may be attended, remains to be proved.

In the pamphlet to which I have just alluded, I ventured a proposition—that, if not interrupted by arbitrary regulations, the spirit of improvement which had been elicited, would so materially ameliorate the condition of the insane, as greatly to multiply the number restored to reason. I will confidently refer to the com-

parative Table of Cures (No. I), and to the annual reports of different public asylums, as proofs that the event has substantiated that prognostic. I have avowed, too, that I believe this success may, in a great measure, be ascribed to the impulse communicated by the frequent agitation of the subject in Parliament. The advocates for the infliction of rigorous restrictions and penal obligations, upon those having the superintendence of lunatics, will impute this improvement rather to fear than inclination. Be it so, or otherwise, if all this good have been effected without the intervention of severe enactments, it is a fair logical induction, that the same laudable conduct may be insured by less offensive and dangerous experiments than those heretofore suggested.

In the sciences, in the arts, in all the plans devised for the benefit of man, encouragement has been held forth to improve and perfect; or the design has, perhaps, languished, if not failed. Even where encouragement has been withheld, security at least has been promised. Now, none will deny, that to take charge of the insane, is no

ordinary undertaking ; and that, to do them justice, is a task requiring no common ability or sacrifice. It will also be acknowledged, that he who executes that task skilfully and faithfully, confers no small obligation on society, and deserves approbation : perhaps, even protection and patronage. Yet, with such claims to favour, every person, professional or non-professional, who superintended a lunatic establishment, it was proposed to disfranchise of the dearest privileges of a British subject. All were prejudged and pronounced guilty, because some, who were placed in these responsible situations, but who never ought to have been so entrusted, had, through the defect of existing laws, been found unworthy.

It has been asked, what I would substitute in lieu of that code of regulations to which I have objected ? To oppose measures is confessedly far different, and infinitely easier than to substitute others more suitable ; especially when those we would recommend are as dissimilar in their elements as attraction and repulsion. This we know : severity never yet im-

proved any system of morals : and when punition becomes necessary for correction, it is manifest there is a fundamental defect. Freely expose this defect, and a remedy may be found. If it be too extensive or flagitious to be corrected by the simple operation of moral means, apply compulsory measures : but let them be founded in equity as well as reason ; and when legalized, let them be rigidly enforced.

I unreservedly concede, that legislative interference, for the better regulation of lunatic establishments, and of the disposal and care of insane persons, is indispensable. For although those who have the direction of lunatic establishments ought to be absolute, as well over their patients as their servants ; yet such is the frailty of man, that unlimited power can rarely be trusted to him, lest it degenerate into positive tyranny. And in proportion as the intelligence of the party so entrusted is limited ; so is the danger of abuse augmented.

Having already publicly discussed the mi-

nuter details of such parliamentary provisions as I conceive the occasion calls for; I must be excused from repeating them. There are, however, certain cardinal points, few in number, but essential in principle, which present, and appear to me to form the obvious and only basis of an Act for the purpose of regulation. According to the relative importance of these points, I shall comment upon them; though as briefly as possible. They may be thus divided:—1. *Superintendence.*—2. *Inspection.*—3. *Attendants.*—4. *Asylums.**—5. *General Regulations.*

1. *Superintendence.*

Upon the qualifications of the person having the superintendence and direction of a lunatic

* I have preferred the term *Asylum* to *Mad-house*; because now more generally used, and because more appropriate. The appellation *Superintendent*, should be substituted for *Keeper*; the latter being universally applied to those who personally attend on lunatics. For, it is necessary, in legal as well as common language, to attach such names as will contradictinguish the master from the keeper or attendant, who is always a servant; and the latter from the household servants of asylums.

asylum, every thing rests. He is the key-stone on which the harmony and perfection of the whole establishment depends. Consequently, he is the first consideration. His requisites are not of an ordinary kind; and perhaps are rarely found combined. To say that he should possess good sense, be religious and moral, and be free from all physical defects, is to advance what all will pre-conceive. But when a person properly qualified is appointed to superintend an asylum, I aver, that the best and strongest security is provided that can be desired or obtained for the care and management of lunatics. None other should be allowed to preside over lunatic institutions. And those who have undertaken that office, should, in the exercise of their vocations, have that protection extended to them which every other individual, who has a responsible and efficient duty to perform towards the community, finds in the British dominions.

The greatest abuses in the whole system of managing lunatics have arisen from the want of a power to reject the applications of unfit persons for a licence to keep an asylum, and to take it

away from a delinquent. Let authority be given to exact testimonials of qualifications, and to refuse, suspend or revoke a licence whenever there is occasion, and all penal bonds for good behaviour will be superfluous.

It was proposed, that every superintendent should enter, with securities, into a bond of £500 for his conduct. Such a bond will amount almost to a prohibition: for certainly no sane person, excepting those having a great personal interest, would give or join in such a security; especially when it is notorious, that its forfeiture would be daily hazarded by the temptation it holds out to the vindictive and mercenary. The expected profits of a very large asylum might induce some to offer any security. But high pecuniary obligations will completely annihilate all small asylums—a consequence by no means to be wished by those who desire improvement.

2. *Visitation.*

This is a duty which cannot, under the present view of insane establishments, be dis-

pensed with ; and yet, in the execution, is one of the most delicate and difficult to perform. My own experience affords many striking instances, even in a small establishment, of the mischief done to individual patients by visitation ; though conducted in the judicious and feeling manner always exercised by the Commissioners of the College. On this subject I will repeat, that “ indiscriminate visiting the insane, both as to persons and time, has a very decidedly injurious effect upon them. Strangers to whom they are indifferent, provided they do not by any imprudency irritate them, are least likely to affect them. The visits of relations and friends, even if they submit to controul as to the time of paying their visits, and observe the utmost circumspection, prove often of great disservice. But if gentlemen were to frequently visit them, examine their condition, hear their complaints, and be known, which is inevitable, to possess the power of releasing them from confinement, what will be the consequences ? Quiescence must give place to agitation and violence ; order to turbulence and insubordination ; content to complaint ; hope to disappointment. In short, every passion, which should be allayed

or diverted, will be roused and brought into full action, and aggravate every case.”*

I would suggest, that there be two distinct sets of officers for conducting the executive of any legislative enactment for the regulation of lunatics: *Commissioners* and *District Inspectors*.

The *Commissioners* to consist of three or five; all of whom, or, if civilians be introduced, at least a majority should be members of the College of Physicians. They should meet quarterly, or oftener, in London; be empowered to grant, transfer, and annul licences; to release improper objects from confinement; approve, or reject superintendents; receive and register returns; arrange reports and communicate them to Parliament and the Secretary of State; and visit, but only on special occasions. They should go out by rotation.

A *Registrar* to be attached to the Commissioners: to whom all communications should

* CURSORY REMARKS, &c. supr. cit. p. 26.

be addressed, and by whom all the business of a secretary should be conducted.

England and Wales to be divided into several [eight] districts. Each to have two or three local *Inspectors*; one of whom should act as secretary, to note down, register, and communicate with the Registrar. They should go out, alternately, every three or four years. There are no asylums, public or private, westward, according to the Parliamentary Returns, beyond Somersetshire, except at Exeter; nor any in Westmoreland and Cumberland; or beyond Newcastle: consequently, the whole tract to be visited will form an irregular parallelogram of about 240 by 120 miles; which, divided by eight, would make very moderately sized districts.

The *District Inspectors* should be subordinate to the *Commissioners*: they should examine every licensed asylum, at least four times a year, and at uncertain periods; and also whenever desired by superior authorities; likewise inspect all houses intended to be opened for asylums; re-

port regularly their observations to the Commissioners, &c.

Great diversity of opinion, and much contention, both in and out of Parliament, have prevailed, upon the subject of inspection of public lunatic asylums. Much may be urged on both sides the question. Experience shews, that neglect, and even many abuses, may exist in public charitable establishments, though visited by gentlemen of the greatest respectability and acknowledged humanity. This fact, *à fortiori*, implies, the necessity of other inspection. But on the other hand, it appears a great stretch of arbitrary power, to compel the doors of an institution, entirely or chiefly eleemosinary, and under the direction of persons moved alone by pure benevolence, to be opened, and the management to be scrutinized, and perhaps prejudiced, by the report of individuals unconnected with it. There is a risk too by such interference of injuring, if not ruining, the charity. For should the Governors and Subscribers resent it, although they cannot shut their gates, yet they may withhold their contributions. Extreme delicacy is therefore re-

quisite in imposing inspection upon lunatic institutions, supported from gratuitous funds.

There are other public lunatic asylums under different circumstances :—first, Those which owe their rise and maintenance solely to the public : as pauper-lunatic asylums ; and second, those which originate partly in public and partly in private but voluntary aid : as that of Nottingham. Of the former, the Magistrates of the County are the proper Guardians, to whom the controul of such asylums should be left. However, I conceive no objection could be offered to those being visited by the District Inspectors in conjunction with the Magistrates, or separately, under certain modifications. Wherever lunatics are received as pensioners, sent and supported by their friends, that asylum, as far as regards such patients, should be under all the legal regulations of a licensed lunatic asylum.

There are many palpable and insurmountable objections to the scheme of having eight Commissioners to grant licences, visit, &c. The enormous expence of it is a material one. No phy-

sician of experience and character (a young physician would be highly improper), or respectable civilian, would accept the office without a very high salary. Four secretaries were likewise to have been attached to the commission, who, together with the travelling expences, would have entailed a great charge on the public. The plan I have sketched will be infinitely more economical, and yet much more efficient. At present, the Commissioners, who are Fellows of the College of long standing, receive for visiting lunatic asylums, only one guinea a day; and although they inspect merely the London district twice or sometimes thrice in a year, yet it occupies the chief portion of several days. According to the proposed plan, they would have to attend about four mornings in a year, at an office in town, for a few hours; for this there should be a proportionate allowance; and when occasion occurred for any of them to visit, a remuneration commensurate with the trouble might be fixed. The district Inspectors should be remunerated by an allowance *per diem*, for loss of time and travelling disbursements.

I calculate, that the whole expence of Commis-

sioners and Inspectors and Registrar, and all the incidental charges of this arrangement, would scarcely amount to one-third of the computed expence of the plan embraced in the rejected bills.

Much difficulty has also occurred, in respect to visiting houses in which a single lunatic is lodged. Independent of its being an inroad on that privacy which all families are so jealous to preserve, when they have a relation a lunatic, it will frequently militate against recovery. Besides, were there no objections to it in principle, no regulation of this kind could guard against those designs, which it is assumed are sometimes practised on solitary lunatics, or on persons under the pretence that they are insane.

When a public enactment is meditated, it is generally on a retrospect, and not a prospective view, of some evil or inconvenience. Now, in the very minute investigation by the House of Commons, is there a tittle of evidence that proves the existence of an abuse of this nature? Or, in

the records of English Courts of Law, is there a report, for many years back, of any individual having been incarcerated as a lunatic, in a private lodging or house, who would have been saved from such treatment by the passing of a law to prevent it? If such a mode of accommodating a lunatic be preferred, and he be properly so confined, and is well treated, no interruption should be given; if otherwise, the present laws are fully adequate to punish those who in these particulars transgress.

It was also intended that there should be ten *Honorary Commissioners*, who might visit and examine all public lunatic hospitals and private licensed asylums, "in such and the like manner as any of the other Commissioners;" but who were to derive no profit or emolument. It need scarcely be observed, that if such appointments are insisted on, those of other Commissioners and Inspectors will be nugatory. How is it to be supposed, that unprofessional gentlemen can be judges of what is right or wrong for patients whose insanity depends, perhaps, on corporeal derangement? They may mean well; but un-

less as fully informed upon all points, relative both to the physical and moral management of lunatics, as experienced medical inspectors, they never can properly appreciate the economy of a lunatic establishment, or the directions which the other examiners may have given. It must often therefore occur, that what one set of Inspectors approves, another, not knowing the motive, may disapprove. Will not also those, whose regular duty it will be to inspect, view with great jealousy, persons who have the power of contravening all their orders and regulations? and who will appear more in the character of spies than coadjutors? In short, there will be such abundant causes of collision, and consequent sources of discord, that the existence of both descriptions of visitors will defeat all the good effects of inspection.

One or two magistrates, appointed at the Quarter Sessions to accompany the Inspectors, would be less objectionable; because proper explanations might take place on the spot between them. Magistrates too might be empowered to inspect and act whenever any information of im-

proper conduct in an asylum was alleged ; but all interference with the execution of the Inspectors' functions, except by those who appoint them, or by the Board of Commissioners, ought most carefully to be avoided.

3. *Attendants.*

Next to the superintendents, there is no class of persons upon whose qualifications and conduct success more depends, than on those of male and female attendants or keepers or nurses of lunatics, as they are commonly and respectively designated. Indeed, however highly gifted and active may be a superintendent, unless he have able and faithful assistants, all his efforts will be rendered abortive. In private practice also, when a lunatic is necessarily left without any superintending controul, except of the visiting physician, it may be conceived how much the comfort and ultimate recovery of the patient is implicated in the good or bad qualities of the attendant. A very competent judge, Mr. Tuke, has observed, that "the business of an attendant requires him to counteract some of the strongest principles of our common

nature." Beings so gifted, we know, are too nearly allied to perfection to be found in any class of society: we must, therefore, be content with the attempt to amend those already engaged in this occupation, or hold out inducements to persons better qualified to undertake the charge. The moral defects of these people have been long felt and deplored as a most serious evil; and the greatest impediment, perhaps, to the meliorating of the condition of lunatics. It was early experienced in the Glasgow asylum; and has occasioned, in its second Report, the following very just remarks: "In truth, to find keepers properly qualified, and to keep them so, has always been, and always will be, the most difficult part of the very difficult task allotted to those who manage an asylum. Besides activity and strength, perfect sobriety and unremitting vigilance, a keeper should have a quick apprehension to discern the first approach of a paroxysm, great decision, and the greatest humanity. Now, such qualities do not often meet in one character; and where they do, their possessor can generally find a station equally lucrative, and more agreeable than the irksome attendance on the insane."

Generally, attendants are very ill adapted for the confidential and delicate situations in which they are placed. But I very much doubt if those already engaged in this line are susceptible of much amendment. Deeply impressed with the importance of this subject, and having given it the most serious reflection, I am persuaded that no plan of improvement can prosper, unless founded on a true view of the present situation of attendants, and the relation between them and their employers. Remedies may be suggested to correct defects so much to be deplored ; but they must prove futile, while the sources whence those defects spring, are unrevealed. The late Parliamentary Investigation has not touched this momentous point ; though notoriously the cause of many of the abuses of which complaint was made. As neither the necessity nor the suitableness of any remedy for this evil can be judged without more light be thrown upon it, I shall beg leave to quote an elucidatory extract :

“ The wages of men and women attendants on the insane in private houses, never, until

length of services has merited augmentation, exceed those of domestic servants. Superior servants in gentlemen's families are much better paid. Their emoluments are sometimes considerable; but this, however, always depends upon contingencies. Hence they are needy and rapacious. While they are in an asylum, they add something to their regular wages from the cast-off clothes of the patients they attend, and from such casual donations as the friends of the patients bestow. If they attend patients from home, it is on their master's account; and, in addition to their usual wages, a weekly perquisite is exacted for shaving, dressing, &c.

" They are sometimes placed in situations of great trust; having often the care of deranged persons of rank and fortune committed to their charge. In the execution of this trust, if they conduct themselves so as to give satisfaction, they sometimes are handsomely rewarded. I say sometimes, because it more frequently happens that the connexions of the patient dismiss them without a compensation at all equivalent to the

value of their services. It should always be recollectcd that their lives are often risked in the performance of their duty ; and although they, by vigilance and care, frequently prevent the perpetration of acts that would entail present misery, and perhaps the loss of immense property on their patients' relations ; yet they are too often most illiberally requited when there is no further occasion for their attendance.

" From a hope of higher wages, they sometimes unthinkingly discharge themselves from the permanent service of the asylum, of which they are the servants, and take the patient on whom they are attending, on their own account. They then run the risk of his recovery or death, or discharge from that service : in any of which cases they generally become destitute ; for their former master will never hire them again ; and their breach of faith being known, no other will confide in them.

" Thus, whether they are serving in an asylum or out of it, on their master's or their own

account, their emoluments are so precarious, that it is very rarely, or with the utmost difficulty, a prudent and discreet attendant can save a competency to support himself when past active duty.

“ There is something, also, in the idea of attending upon mad people, revolting even to ordinary minds ; and an impression obtains that there is some personal risk, and a greater degree of responsibility, than in any other employment. Besides, there being nothing sufficiently lucrative to compensate very respectable persons for so serious a charge ; consequently few but the uninformed, whose minds are insusceptible of comprehending the nature of their duty, will engage in it.

“ The best servants are those which are formed in the establishment ; but, “ evil communication corrupts good manners :”—they soon become contaminated by association.

“ Although these people seldom bestow re-

flection upon the future ; yet example with the most ignorant sometimes produces effect where the wisest precepts fail. They who are prudent, see and feel the total want of provision for their old age, when they are no longer capable of fulfilling those functions which this service peculiarly requires. If opportunities of acquiring a competency were more frequent, prudence, œconomy, and forethought, cannot be expected where there is such great laxity of morals, and so many temptations to dissipation.

“ They who are unacquainted with the œconomy of insane establishments, may not feel the full force of this evil ; and, judging by comparison with other large establishments, may conceive nothing more is requisite than the strict exercise of the authority which every master has over his servants. But where the servants must be taken from a class so generally deficient of those principles, which happily often attach by reciprocal ties of affection and gratitude, and which kind usage on the one part and faithful services on the other beget ; that reciprocation

must be of very rare occurrence, and is little to be reckoned upon : and, feeble as this tie now is, the operation of such a bill (*as was proposed*) would totally sever it. Superintendents, whose character and practical knowledge ought to be respected, will agree that this is one of the main obstacles to the accomplishment of any plan they have attempted towards improving either the moral or physical condition of the insane under their care.

" Dr. Pinel found that recovered insane patients, having, perhaps, no resource when discharged as cured, have been engaged, and always proved the best keepers. All public hospitals have this advantage, and frequently avail themselves of it, as well as of the occasional services of convalescents. Keepers, employed in public asylums, look forward with confidence, that, if they conduct themselves properly, they will be promoted, and be provided for when they are no longer able to do their duty ; those belonging to private houses may, perhaps, earn more money than those in public hospitals ; but they have no

provision in expectancy. The forlornness of their situation in advanced life is greatly to be commiserated. Public laws and private regulations may succeed each other *ad infinitum*; but unless the melioration of the condition and qualities of these subordinate but essential agents is also accomplished, any effective amendment in the state of the insane will be vainly attempted.

“ I have dwelt much upon the character and situation of these people ; because it is impossible too highly to estimate their great importance to the physician and superintendent : nor can any but those who have felt the severe disappointment and perplexity arising from the deficiency of their qualifications, conceive how frequently the wisest plans and best intentions are frustrated by their ignorance or want of principle*.”

Comparing the required with the ordinary qualifications of attendants, we may decide, that no amelioration in the management of asylums

* Cursory Remarks, &c. Supr. cit. pp. 82—87.

or lunatics can be efficient, till these essential adjutants are of a description more fitted for such confidential duties. Every thing pertaining to the hire, maintenance, and discharge of attendants, is likewise so radically wrong, that, till a better system be substituted, the expectation of improvement would be a mere chimera. Surely, therefore, it would be no less political than humane, to hold out proper encouragement to meritorious individuals of this class; and, instead of that utter dependency to which they are now doomed, to offer a provision suitable to their deserts, when no longer capable of exertion. Even those now acting in this capacity, would, in the hope of a future provision, be stimulated to merit commendation; and assuredly persons of superior qualifications would be more likely to undertake this occupation.

Looking to the means of accomplishing so desirable an object, two obvious modes present:—1. To establish a fund; upon which every attendant should have a claim for an annuity, in proportion to length of approved services;

or to the extent of any injury received in the performance of a duty ; or, if death ensue in consequence, that a benefit to the widow or orphans, according to circumstances, should accrue ; 2. To keep a servant's register in every asylum ; in which every attendant's name, age, and date of entering into and quitting the service of an asylum, and the reason for leaving it, should be entered.

Whenever a change of service occurred, a certificate, containing these and any other particulars, attested by the superintendent, might be given to the attendant ; and such certificate would serve as a recommendation to another place, as well as a testimonial when entitled to the annuity.

A general register of such certificates also might easily be established at the Registrar's office ; and, with very little arrangement, be made the medium, through which Superintendents might procure faithful attendants, and the latter eligible situations. Another advantage would likewise result from this general registry—attendants could always be traced and

found, when any juridical or other occasion required their evidence—a circumstance often occurring, and ending in disappointment.

The extra expense and trouble attending the general registry of attendants might be defrayed by the payment of a small fee; which would be readily acquiesced in, both by superintendents and attendants, whenever the want of a servant caused the one, or a fresh entry or the want of a place induced the other, to apply to the Registrar.

It is presumed every private asylum will be licensed; and that for the licence a charge will be made according to the number of patients admitted. When every one must purchase this authority, the produce of the fees will be very considerable; and cannot, I conceive, be in any way so beneficially appropriated as to the forming of a fund for pensioning superannuated and invalidated attendants.

Among those fully acquainted with all the bearings of this very important part of the system of treating the insane, there will not be a differ-

ence of opinion on the propriety of some such scheme, to improve the character and qualifications of attendants or keepers, and to reward their services when meritorious.

4. *Asylums.*

Every building for the reception of lunatics should be placed, if not agreeably, at least so as to conduce to the preservation of health. Nor should any be suffered to receive a greater number of patients than can be quite conveniently accommodated: to prevent which, a plan of the premises, drawn according to a given scale, should be deposited with the Commissioners.

But no authority should exist to enforce, arbitrarily, such alterations or additions as may seem necessary to any inspectors. The power of limiting the number of patients to the capability of the asylum, or of withholding the licence, if unfit, will always preserve the rooms, both in size and repair, suitable to their purpose. It will be easy enough to obviate all objections to the site, capaciousness, &c. of all new asylums; by insisting on a previous notice being given to the district inspectors, and by public advertisement, of any house intended to be so appro-

priated, and of the number of patients meant to be received in it. It should then be inspected, and compared with the plan, and a report of its fitness be transmitted, before the application for a licence be granted.

No licensed asylum should be allowed to be altered, without a design of such alteration being first submitted and approved. And if judged out of repair, or insecure, and the representation of its state be neglected, the licence should be withheld till it be rendered safe.

These, perhaps, are all the powers any persons should have a right to exercise, in respect to the situation, construction, or disposition of the mere building.

5. General Regulations.

Under this head may be included *Licensing, Certificates, Registry, Reports, Medical Attendance, Pauper Lunatics, Penalties, &c.*

Licensing.—No private asylum should be permitted without a licence. Licences should be

granted on personal or written applications; but to none without being accompanied by such testimonials of the superintendent's character and fitness, as may be deemed requisite by the Commissioners. Licences should be granted or transferred to another superintendent or asylum, be suspended or annulled, not once a year only, but at every regular meeting of the Commissioners. All licences should expire on one day. The name of the superintendent, one responsible proprietor (if there be any other besides the superintendent), and the number of lunatics to be received into the asylum, should be specified in the licence.

If there be any detached houses for the reception of *one* or more lunatics, contiguous to, or on the premises of an asylum, and *belonging to the proprietors* of it; they should be enumerated in the application, and in the licence, and be liable to visitation.

Certificates.—The certificate of the insanity of a person is the great safeguard against fraudu-

lent designs on the liberty or property of persons, under the guise of their being lunatics. Its importance therefore will be rightly estimated. The precautions adopted in the forms which have been proposed, are judicious ; except that it appears somewhat ludicrous, that the signatures of two medical attendants are required, if the lunatic resides in London or Westminster, or within ten miles thereof ; and of one only, if beyond that limit : as if more value attached to persons within a certain boundary than to those out of it.

Instead of twenty-one days, no certificate should be in force before a lunatic is conducted to an asylum, longer than seven days. For in the former space the nature of the case may be wholly altered, or the patient have recovered his intellects between the medical attendant's visit and his actual confinement. Even seven days is too long ; unless the patient were going to be conveyed to the extremity of the kingdom.

Registry.—The name and abode of a lunatic, of the relation or friend signing the order, and of

the medical attendant signing the certificate, with the date of admission, &c. should be entered in the register of the asylum ; and a notice containing all these particulars be returned, within three days after such admission, to the Commissioners' Registrar, and District Inspectors.

A register should be kept in all asylums, after a uniform manner ; in which should be entered the name, abode, age, and sex of every lunatic ; the date of admission ; also of the discharge and the reason of it ; of death, and of what disease he or she died ; name and abode of relation by whose order received ; name, rank, and residence of the medical attendant signing the certificate, &c. Duplicates of these registers should be sent periodically to the Registrar ; by whom all these matters should be carefully entered in a general register.

Reports.—There ought to be regular reports of two kinds : 1. Those made by the District Inspectors to the Commissioners, (as often as may be thought right,) of the state of the different asylums, and their particular observations upon

them; 2. Those made by the Commissioners to Parliament or the Secretary of State, or to both. It is presumed once a year will suffice for the latter.

Upon these annual reports much depends. They should be so clearly arranged, as to exhibit at one view the number of admissions, age, sex, number of cures, discharges, and deaths, in every asylum, public or private. They should be printed in a convenient form, and ordered to be hung up in some conspicuous part of each lunatic institution.

Thus the public would have an opportunity of observing and contrasting the different returns, as well as the general result. Hence the highest possible emulation must be excited. The consequence of which would, in my opinion, be to secure the most efficient medical and moral care of the insane: and being once attained, this will be a means of preserving it. Without such a stimulus, in despite of every enactment, the whole system, however ameliorated, will retrograde. This regulation, therefore, is of primary importance.

Medical Attendance.—This ought most carefully to be provided for in every lunatic institution. If there be no medical attendant living in an asylum, containing fifty (instead of one hundred) patients, or even where the number is fewer, a properly qualified physician, surgeon, or apothecary, ought to visit daily.

The enacting, as in the late Bill, that if any apothecary reside in the asylum, he shall be included in the bond with the superintendent, is the completest prohibition that could be devised, of any medical attendant, who is not also the director, becoming a resident.

Pauper Lunatics.—Of all classes of lunatics this has been the most neglected. Accordingly, to remedy this crying evil, as has been often noticed, Mr. Wynne, to his immortal honour, so effectually interested himself, as to procure the passing of the Act (Geo. 3. 48. cap. 96.) By its provisions all dangerous pauper lunatics and idiots were to be removed from poor or work-houses, &c. into the public asylum of

any county or district where one was erected. But this proved a very partial measure; for in those counties where there was no public asylum, these miserable objects were as much abused as ever. To correct this defect, Parliament last summer passed a temporary Act (Geo. 3. 59. cap. 127), enjoining all such lunatics and idiots to be sent to private licensed asylums, where no county asylum was established, and there to be kept at the expence of their parishes. But, like every measure enacted, or contemplated for the benefit of the insane, this Act, short as it is, contains some serious errors and omissions. First, it does not order that these lunatics should be returned to the Commissioners; second, it takes cognizance of *dangerous* lunatics and idiots only; and, third, it is compulsory on parishes situated within counties; but is not so on parishes situated within cities or places having a separate jurisdiction.*

* There were twenty lunatics, twelve men and eight women, last November, in the work-house of the city of Norwich, which is a county of itself; though the Norfolk County Lunatic Asylum is contiguous. This proves the Act is not a remedy for the evil.

It can be necessary only to point out these serious oversights, to have them amended in any future Act.

Penalties.—Every violation of a bounden duty should have its appropriate punishment. And if there be an occasion, when a greater degree of severity is justifiable, it is surely most essential where the dereliction is to the oppression of the innocent and helpless, who are confidentially placed under the care of the offender. Still the punishment should not exceed the offence. In the late Bill there were two specific modes, by which parties violating its provisions, were punishable:—first, by fines;—second, by forfeiture of licence. Delinquents were besides to be open to prosecution in the courts of law.

Fines may be proportioned to the transgression with some degree of equity. But it should be remembered, that the penalty is not in all cases limited to the quantum of the fine levied. If a moral character be accused or slandered, it is not an acquittal, or any damages he may recover, that

always clears the character from obloquy, or compensates the injured party. Such is the sure effect, when the superintendent of a lunatic asylum, or the general character of an asylum itself, against both of which there is a constant popular prejudice, is assailed : neither, though it be proved a malicious or groundless accusation, escape from reproach. Therefore, although penalties be indispensable in a legislative regulation respecting the insane ; yet it follows, that a fine of five pounds may in this case be attended with consequences equally or more serious, than if, in any other, it were one of five hundred.

Forfeiture of licence is of course tantamount to utter ruin. Yet, indubitably, a power to this effect ought to exist ; for the exercise of it has been occasionally called for by the enormity of the offence committed. Should, however, such a power be abused, the result would affect not only the party implicated ; but by shewing the precarious tenure of the property, persons disposed to speculate in building an asylum, or making houses commodious for the purpose, will

be completely deterred. It was a complaint, and a very just one, according to the Parliamentary Reports, that few private receptacles for lunatics had been built with that intent ; but that most of them were old family mansions, very inconvenient and badly situated. The necessity of more eligible buildings is thus avowed ; but how can an improvement in them be expected, if the law render lunatic asylums the most precarious of all properties ?

If the hasty and partial modes of taking evidence, which the late Bill provided, be encouraged, that mature deliberation which the particular objects, and the ordinary rules of justice demand, can never be exercised ; nor does it require the gift of divination to prophesy the consequences of such proceeding.

Superintendents of licensed asylums are exposed, under the present Act of Parliament, as they would have been under the rejected Bills, to be prosecuted for receiving a lunatic ; even though they complied with every form which the Act

imposes, to guard against improper objects being admitted into such houses. This surely is a manifest injustice: for as the superintendent has no prior knowledge of the patient or his case, and receives him upon the report and authority of those whom the law entitles to decide and act, he ought not to be made responsible for the deeds of others. Despotic governments entertain a system of *surveillance*, by which the master of a house is compelled to give notice of every stranger he receives. But by the most arbitrary governments, if he have harboured a traitor, provided he has conformed with the police regulations, he is not therefore implicated, and made liable to prosecution.

So likewise, medical gentlemen, who sign a certificate of lunacy, founded on a deliberative examination of the patient, and in strict conformity with the letter and spirit of the law, ought not to be, as they now are, liable to actions for trespass, or indictments for a conspiracy; unless it be proved by the previous conviction of the persons by whose order he states he acted, that

there was some collusion or connivance. Even, although honourably acquitted of all imputation by the verdict of a jury ; yet so jealous are the people of this country, in all that relates to lunatics, that suspicion will often still attach ; and to a certainty his defence will entail a very heavy expense on him.

There are unquestionably many other points requiring legislative regulation of considerable yet of minor importance to those on which I have touched. But, as I have observed, it is to fundamental principles, not details, that my views are at present directed.

These, in conclusion, I shall summarily recapitulate :—**1.** Let none but properly qualified persons act as Superintendents—**2.** Establish an efficient, but neither a tyrannical nor a capricious supervision or inspection—**3.** Make suitable provision for faithful, superannuated or disabled keepers or attendants—**4.** Ascertain that the site of every new asylum is proper, and its accommo-

dations competent—5. Suffer no private asylum without a licence; and confer power to refuse, suspend, or annul licences—6. Enjoin an effectual system, both in respect to certificates and the registry of admissions, cures, discharges, deaths, &c.—7. Have the returns perspicuously, uniformly, and regularly made ; and the annual report, especially to Parliament, drawn up so as to exhibit a clear comparative statement of the results of every asylum in the kingdom—8. And finally, abolish excessive pecuniary obligations ; apportion penalties according to offences ; and ordain that the accused shall have equal means of obtaining justice with the accuser.

POSTSCRIPT.

FROM delay in replying to my inquiries, for which Mr. SAMUEL TUKE most obligingly and satisfactorily accounts, I was not enabled to avail myself of the information he has since favoured me with (dated April the 4th) at the proper place, in the text. It was in time, however, to insert the results in the Comparative Table, No. I.

Mr. TUKE being also engaged in an inquiry, connected with those points on which I solicited intelligence, preparatory to a second edition of his interesting "Description of the Retreat," has furnished me with the following statement, which I deem too valuable to be omitted. How fully it corroborates many of my observations and inferences, cannot escape notice.

TABLE VIII.

A STATEMENT of the CASES admitted into the RETREAT; exhibiting the RATIO of CURES, from its opening in 1796, to the end of 1819.

Total of Admissions—253.

47 Cases of not exceeding <i>three months</i> duration, and <i>first attack</i> ; of which are—	45 Cases of not exceeding <i>twelve months</i> duration, and <i>first attack</i> ; of which are—	34 Cases of not exceeding <i>twelve months</i> duration, but <i>not the first at- tack</i> ; of which are—	48 Cases of not exceeding <i>two years</i> du- ration, and <i>first attack</i> ; of which are—	79 Cases of <i>more than two years duration</i> ; of which are—
Dead..... 5	Dead..... 7	Dead..... 3	Dead 11	Dead..... 27
Remaining 2	Remaining 8	Remaining 6	Remaining 14	Remaining ... 28
Recovered 40	Discharged	Discharged	Discharged	Discharged im- proved 8
	much im- proved.... 5	improved ... 4	improved...9	Not suitable ob- jects..... 2
	Recovered 25	Recovered 21	Recovered 12	Recovered.....14
Totals..... 47	45	34	48	79

N. B. Of the five deaths in the most recent class, *three* took place so soon after admission, as not to allow the experiment of curative means: one indeed was, at the time of admission, in the delirium of fever, and died within three days. The other two were in an almost hopeless state of health at the time of admission. Such cases ought almost to be excluded in estimating the probability of recovery from *Insanity*. S. T.

APPENDIX.

(A.)

ANNUAL REPORT OF BETHLEEM HOSPITAL, 1820.

CURABLES	INCURABLES	CRIMINALS
<i>Remaining, 1st Jan. 1819.</i>	<i>Remaining, 1st Jan. 1819.</i>	<i>Remaining, 1st Jan. 1819.</i>
Men . . 42 } . . 81	Men . . 28 } . . 65	Men . . 39 } . . 46
Women . 39 } . .	Women . 37 } . .	Women . 7 }
<i>Admitted in 1819.</i>	<i>Admitted in 1819.</i>	<i>Admitted in 1819.</i>
Men . . 57 } . . 143	Men . . 3 } . . 7	Men . . 4 } . . 8
Women . 86 }	Women . 4 }	Women . 4 }
<i>224</i>	<i>72</i>	<i>54</i>
<i>Discharged—Cured.</i>	<i>Discharged—well.</i>	<i>Discharged—cured.</i>
Men . . 30 }	Men 2	Man . . 1 }
Women . 41 }		Women . 2 }
<i>Ditto—Uncured.</i>	<i>Out on leave.</i>	<i>Died.</i>
Men . . 23 }	Man . . 1 }	Woman 1
Women . 21 }	Women . 2 }	
<i>Ditto—improper objects.</i>	<i>Died.</i>	<i>Remain, 1st Jan. 1820.</i>
Men . . 7 }	Man 1	Men . . 41 }
Women . 8 }		Women . 9 }
<i>Ditto—by request of friends.</i>	<i>Remain 1st Jan. 1820.</i>	
Man . . 1 }	Men . . 27 }	
Woman . 1 }	Women . 39 }	
<i>Out on leave.</i>		<i>72</i>
Man . . 1 }		
Women . 8 }		
<i>Died.</i>		
Men . . 9 }		
Women . 2 }		
<i>Remain, 1st Jan. 1820.</i>		
Men . . 29 }		
Women . 45 }		
<i>226</i>		
<i>Deduct, discharged but not left.</i>		
Man . . 1 }		
Woman . 1 }		
<i>224</i>		

SYNOPSIS OF THE THREE CLASSES.

<i>Remain, 1st Jan. 1819, including those on leave.</i>	<i>Discharged in various ways in 1819, as above specified.</i>
Curables.....81 }	Curables.....152 }
Incurables.....65 }	Incurables.....6 }
Criminals.....46 }	Criminals.....4 }
<i>Admitted in 1819.</i>	<i>Remain, 1st Jan. 1820.</i>
Curables.....143 }	Curables.....72 }
Incurables.....7 }	Incurables.....66 }
Criminals.....8 }	Criminals.....50 }
<i>350</i>	<i>350</i>

(B.)

*An Account of Patients received into, and discharged out of,
St. Luke's Hospital for Lunatics, from the opening of the
Hospital, on the 30th of July, 1751, to the 4th of June, 1819,
inclusive.*

Patients now in the House deemed curable.....	166
Discharged cured.....	5091
uncured.....	4371
as idiots, and unfit.....	1128
Dead.....	1013
Taken away at the desire of friends.....	343
Discharged, their friends not having complied with } the rules of the Hospital.....	3
in point of circumstances, as improper } objects.....	4
Having been discharged uncured from another hos- } pital for the reception of lunatics.....	3
Having been discharged above twelve months before } admission.....	5
Not proving to be a lunatic.....	1
Having the venereal disease.....	7
Having since appeared to be with child at the time } of admission.....	38
	12,173
Patients now in the House, deemed incurable, at } 7s. a week.....	98
Taken away at the desire of friends.....	58
Dead.....	225
Cured.....	18
Discharged, their friends not having complied with } the rules of the House.....	3
in point of circumstances, as improper } objects.....	3
	405

Patients received into the House 12,173

Patients discharged uncured,
and received again into the }
House at 7s. a week..... 405

(C.)

A Return of the Number of Lunatics confined in the different Gaols, Hospitals, and Lunatic Asylums; specifying the Number in each, and distinguishing the Males from the Females. Ordered by the House of Commons to be printed, May 4th, 1819.

COUNTIES. Gaols, Hospitals, and Lunatic Asylums.	Number confined in each.		
	Males	Females	Total
Bedford—Bedford Lunatic Asylum.....	27	27	54
Berks.....			
Bucks..... } None..	0	0	0
Cambridge.....			
Chester—Chester Castle County Gaol.....	1	0	1
Cornwall..... } None.....	0	0	0
Cumberland... }			
Derby—Derby Infirmary as Hospital—None ...	0	0	0
Devon—Devon County House of Correction....	2	0	2
Devon County High Gaol..	2	0	2
Tiverton Hospital.....	0	3	3
Devon Lunatic Asylum.....	26	21	47
Dorset—None.....	0	0	0
Durham—None within the county of Durham... <i>Vide Newcastle-upon-Tyne, Northumberland.</i>	0	0	0
Essex—Barking House of Correction.....	1	0	1
Chelmsford House of Correction.....	1	1	2
Gloucester—None..	0	0	0
Hants—Winchester County Gaol.....	1	0	1
Hereford—Hereford Lunatic Asylum.....	9	6	15
Hertford—None.....	0	0	0
Huntingdon—Huntingdon County House } of Correction..... }	1	0	1
Kent—Canterbury City Bridewell.....	1	1	2
Lancaster —Lancaster Lunatic Asylum.....	70	59	129
Liverpool Asylum.....	33	14	47
Manchester Infirmary and Lunatic Hospital.....	58	30	88
Salford New Bailey.	1	0	1
Leicester—Leicester Lunatic Asylum.....	8	4	12
Leicester County House of Correction	1	0	1
Lincoln—None.....	0	0	0

COUNTIES. Gaols, Hospitals, and Lunatic Asylums.	Number confined in each.		
	Males.	Females.	Total.
Middlesex—St. Luke's Hospital*.....	—	—	270
Monmouth—None.....	0	0	0
Norfolk—Bethel Hospital, Norwich..	9	8	17
Norfolk Lunatic Asylum.....	47	38	85
Northampton—None.....	0	0	0
Northumberland—Lunatic Hospital for the counties of Northumber- land, Durham, and New- castle-upon-Tyne.....	38	31	69
Nottingham—Nottingham Lunatic Asylum....	26	22	48
Oxford—Oxford City Gaol.....	1	0	1
Rutland—None.....	0	0	0
Salop—None.....	0	0	0
Somerset—St. Peter's Hospital, Bristol.....	7	23	30
Stafford—Stafford General Lunatic Asylum....	30	24	54
Stafford Asylum.....	1	3	4
Suffolk—None	0	0	0
Surrey—Bethlem Hospital.....	107	86	193
Guy's Hospital†.....	0	20	20
Sussex—None.....	0	0	0
Warwick—General Hospital, Birmingham.....	0	0	0
Warwick House of Correction	1	0	1
Westmoreland—Appleby House of Correction Appleby County Gaol.....	1	1	2
2	0	2	
Wilts—Fisherton Anger County Gaol.....	1	0	1
Worcester—None.....	0	0	0
York—Northallerton House of Correcton	1	0	1
Pauper Lunatic Asylum, Wakefield....	42	35	77
York Lunatic Asylum	63	42	105
York Retreat‡.....	—	—	50

WALES.

Anglesey—None.....	0	0	0
Brecon—Brecon County Gaol.....	3	0	3
Cardigan—None.....	0	0	0
Carmarthen—Carmarthen County Gaol	2	1	3
Carnarvon—Carnarvon County Gaol.....	1	0	1
County House of Correction.....	2	0	2

* Omitted in the Parliamentary Return.—Distinction between Males and Females unknown.

† Omitted.

‡ Omitted.—Neither Sex nor Number of Patients distinctly known—the latter presumed to be fifty.

COUNTIES. Gaols, Hospitals, and Lunatic Asylums.	Number confined in each.		
	Males.	Females.	Total.
Denbigh—None.....	0	0	0
Flint—None.....	0	0	0
Glamorgan—Cardiff County Gaol.....	0	1	1
Merioneth—Dolgelly House of Correction...	1	0	1
Montgomery—None.....	0	0	0
Pembroke—Haverfordwest County Gaol....	3	2	5
Haverfordwest Town Gaol.....	0	1	1
Radnor—None.....	0	0	0

SUMMARY

Of the Number of Lunatics confined in Gaols, Hospitals, and Lunatic Asylums, in England and Wales.

Males.....	Females.....	1,456*
------------	--------------	--------

* The additional Asylums inserted in this list, and the transferring *Ticehurst* to that of Licensed Houses, render the original Return incorrect; both as to the Sexes, and the general Total: the latter, instead of 1,156, is here, as it should be, 1,456.—B..

D.

A Return of the Number of Houses in each County or Division of the County, Licensed for the Reception of Lunatics; the Names of the Persons to whom the Licenses are granted; as well as the Number of Patients confined in each House;—distinguishing Males and Females. Ordered by the House of Commons to be printed, May 4, 1819.

Counties; and Number of Licensed Houses.	Names of Persons to whom the Licenses are granted.	No. of Patients con-fined in each House.		
		Males	Females.	Total.
Bedford, none.				
Berks, none.				
Buckingham, none.				
Cambridge, none.				
Chester, none.				
Cornwall, none.				
Cumberland, none.				
Derby, none.				
Devon, none.				
Dorset,				
1 at Halstock	{ Alice Mercer Betsey Mercer }	14	5	19
Durham,				
1 at Gatesheadfell	Richard Nicholson.....	19	9	28
Essex,				
1 at Plaistow.....	Stephen Casey	6	11	17
Gloucester,				
1 at Stapleton, called FishPonds	G. G. Bompass, M.D....	30	18	48
Hants,				
1 at Grove Place, Nurs-ling.....	Edw. Middleton, M.D...	14	15	29
1 at Alverstoke, Berry House.....	Charles Finch.....	22	10	32
Hereford, none.				
Hertford,				
1 at Much Hadham.....	Robert Jacob.....	9	4	13
Huntingdon, none,				
Kent,				
1 at Blackheath	Richard Holt	2	5	7
1 at West Malling	George Perfect.....	10	1	11

Counties ; and Number of Licensed Houses.	Names of Persons to whom the Licences are granted.	No. of Patients con-fined in each House.		
		Males	Females.	Total.
Lancaster,				
1 at Billington.....	Abraham Chew.....	6	6	12
1 at Blakeley.....	John Edwards.....	8	6	14
1 at Newton	David Hague.....	10	4	14
1 at Habergham.....	Henry Parkinson.....	3	3	6
1 at Walton Lodge.....	John Squires.....	19	13	32
Leicester,				
1 at Great Wigston.....	John Blunt.....	9	4	13
1 at Leicester.....	John Hill, M.D.	5	4	9
Lincoln,				
1 at Greatford.....	John Willis, M.D.....	8	3	11
1 at Skillingthorpe.....	John Willis, M. D.....	14	3	17
1 at Longbennington ...	Thomas Stafford.....	1	1	2
1 at Horncastle.....	John Fawcett, M.D....	8	6	14
Middlesex,				
3 at Hoxton.....	William Burrow	61	57	118
6 at Hoxton.....	Sir Jonathan Miles.....	199	149	348
1 at Hoxton.....	Thos. Warburton.....	47	31	78
1 Blacklands, Chelsea...	Mary Bastable.....	14	11	25
1 at King's Road do....	Mary Bradbury	0	4	4
1 at King's Road do....	Geo. Man Burrows, M.D.	4	6	10
1 at King's Road, do....	Jane Jones.....	0	11	11
1 at Church Street,do....	William Press.....	1	2	3
1 at Little Chelsea.....	Elizabeth Reedford.....	3	7	10
1 at Beaufort Row, do...	Robert Salmon.....	5	3	8
1 at Lower Street, Is- lington.....	Jess. Annandale	13	7	20
1 at Kingsland.....	William Bignall.....	1	2	3
1 at Kensington Gore...	Anna Maria Briand.....	9	7	16
1 at London Lane Hack- ney.....	Samuel Fox.....	11	14	25
1 at Hackney.....	George Rees, M.D.....	10	9	19
1 at Turnham Green	John Thomp. Jackson..	2	1	3
1 at Brook Green, Ham- mersmith.....	Thos. Mayn. Knight....	2	5	7
1 at Paddington.....	William Langdon.....	0	3	3
1 at Clapton	Edw. Tho. Munro, M.D.	19	22	41
1 at Weston Place, Pancras.....	James Pell.....	0	10	10
1 at Somers Place, Somerstown.....		5	1	6
1 at Winchmore Hill....	Phœbe Richardson	0	4	4
1 at Hillingdon, near Uxbridge.....	James Stilwell.....	2	3	5

Counties; and Number of Licensed Houses.	Names of Persons to whom Licences are granted.	No. of Patients con- fined in each House.		
		Males	Females.	Total.
Middlesex,				
1 at Walham Green.....	Edward Talfourd	0	17	17
3 at Bethnal Green.....	— Rhodes.....	146	169	315
3 at Bethnal Green.....	— Talbot.....	241	241	482
Monmouth, none				
Norfolk,				
1 at Lakenham, Nor- wich.....	Warner Wright..... } Edw. Rigby, M.D. } ..	9	8	17
1 at Loddon.....	Guyton Jollye.....	14	4	18
Northampton, none				
Northumberland,				
1 at Newcastle-on-Tyne	John Steavenson Paget	8	6	14
1 at Tynemouth Retreat	William Oxley	5	6	11
Nottingham, none.				
Oxford,				
1 at Hooknorton.....	Elizabeth Harris.....	9	5	14
Rutland, none.				
Salop,				
1 at Shrewsbury, called Cotton House.....	Susanna Johnson	1	4	5
Somerset,				
1 at Brislington House	Edward Long Fox, M.D.	42	31	73
1 at Fivehead House ...	William Gillett.....	12	7	19
1 at Cleve House.....	James Duck.....	6	6	12
Stafford,				
1 at Lichfield.....	Thomas Rowley.....	7	1	8
1 at Spring Vale, near Stone.....	Thomas Bakewell.....	10	7	17
1 at Bilston.....	Samuel Proud.....	16	5	21
Suffolk, none.				
Surrey,				
1 at Guildford, called Leepale House.....	Thomas Hills	1	1	2
1 at Chertsey, called Weston House.....	J. Lucett.....	0	3	3
1 at Frimley.....	Robert Stracey Irish....	2	1	3
1 at Thorpe, called } Gt. Forster House } ..	Charles Summers..... } Thomas Phillips	12	6	18
1 at Lower Tooting.....	Ann Sandiford.....	2	5	7
Sussex,				
1 Ticehurst*.....	— Newington.....	23	17	40

* Placed by mistake in the Return of Public Lunatic Asylums. Consequently there is one more licensed house, and *forty* more lunatics in this than in the Parliamentary Return.

Counties; and Number of Licensed Houses.	Number of Persons to whom the Licences are granted.	No. of Patients confined in each House.		
		Males	Females.	Total.
Warwick,				
1 at Henley-in-Arden...	Thos. J. P. Burman....	18	20	38
1 at Henley-in-Arden...	Benjamin Gibbs.....	0	4	4
1 at Henley-in-Arden...	Samuel Browne.....	2	1	3
1 at Sutton Coldfield, called the Driffield....	William Terry.....	9	4	13
Westmorland, none.				
Wilts,				
1 at Laverstock	William Finch, M.D. {	54	46	100
1 at Laverstock	Caroline Finch			
1 at Fonthill Gifford....	Joseph Froud Spencer	11	6	17
1 at Kingsdown.....	C. C. Langworthy, M. D.	10	25	35
1 at Market Lavington	Robert Willett.....	6	9	15
Worcester,				
Droitwich Private Lu- natic Asylum	William H. Rickets... {	55	47	102
	Martin Rickets...}			
York,				
1 at York.....	Henry Mannering.....	3	1	4
1 at York.....	Hannah Skipwith.....	0	4	4
1 at York.....	James Backhouse.....	6	0	6

WALES.

No Licensed Houses within the several Counties in Wales; except in the County of Glamorgan.

1 at Swansea.... .....	| Thomas Hobbes .....	|	1	|	2	|	3
------------------------	---------------------	--	---	--	---	--	---

SUMMARY

Of the Number of Lunatics confined in 89 Licensed Houses in England and Wales.

Males.....	1366
Females	1219
Total.....	2585*

* The number in the original Return is—Males.....1348
Females... 1202

The addition of Ticehurst makes the difference.—B. Total.....2545

(E.)

Abstract of Returns from the Clergy of Scotland, relative to Lunatics in that Part of the United Kingdom, in 1818.

Total Numbers of Insane Persons in each County.	Confined.						Descriptions.						Maintained.	
	Total.	In Public Asylums	With their Friends.	At large.	Males.	Females	Adults.	Non- Adults.	Furious, or Insane.	Fatuous	Partly by Parish.	Solely by their own means, or by Re- lations.		
Aberdeenshire	423	39	2	175	207	197	226	338	85	97	326	28	128	
Argyllshire	293	4	5	129	155	171	122	220	73	53	240	27	123	
Ayrshire	214	9	5	53	147	110	104	170	44	49	165	35	57	
Banffshire	148	6	0	47	95	62	86	132	16	47	101	10	73	
Berwickshire	66	3	0	19	44	38	28	55	11	14	52	12	18	
Bute-shire	59	1	0	7	51	32	27	47	12	7	52	0	23	
Caithness-shire	74	0	0	19	55	45	29	49	25	17	57	9	36	
Clackmannan-shire and } Cromarty-shire	39	1	0	7	31	20	19	33	6	5	34	7	12	
Dumbartonshire	82	4	2	15	61	44	38	64	18	9	73	9	27	
Dumfries-shire	163	7	8	42	106	84	79	125	38	32	129	12	31	
Edinburgh-shire†	285	56	92	32	105	132	153	269	16	154	131	50	34	
Elgin-shire	79	1	3	21	54	32	47	67	12	21	58	1	29	
Fife-shire	242	6	5	43	188	115	127	210	32	71	171	39	75	
Forfarshire	276	30	4	94	148	122	134	230	46	66	209	50	82	
Haddingtonshire	80	2	7	11	60	44	36	69	11	11	69	14	21	
Inverness-shire	240	9	1	72	158	130	110	187	53	42	198	10	116	
Kincardine-shire	110	5	0	52	53	52	58	87	23	18	92	22	42	
Kinross-shire	15	1	0	3	11	6	9	13	2	8	7	2	2	
Kirkcudbright	77	5	0	18	54	42	35	66	11	24	53	5	16	
Lanarkshire†	349	25	3	102	219	156	193	286	63	114	235	85	188	
Linlithgow-shire	60	0	1	10	49	25	35	50	10	9	51	8	12	
Nairnshire	24	0	0	0	54	20	23	1	7	17	0	15	9	
Orkney and Shetlandshire	139	0	0	0	75	67	62	101	28	19	110	9	59	

Peebles-shire		28	0	0	1	27	12	16	21	7	3	25	2	5	21
Perth-shire		313	7	10	82	214	179	134	263	50	78	235	39	117	157
Renfrew-shire		175	21	3	47	104	94	81	146	29	37	138	70	44	61
Ross-shire		210	4	0	69	137	107	103	160	50	51	159	10	121	77
Rothesburgh-shire		108	6	4	33	65	52	56	94	14	30	78	38	21	49
Selkirkshire		12	0	0	3	9	6	6	11	1	3	9	5	5	2
Stirling-shire		122	4	0	34	84	58	64	110	12	28	94	12	28	82
Sutherland-shire		63	1	0	30	32	36	27	54	9	9	54	0	40	23
Wigtownshire		70	1	3	28	38	30	40	51	19	15	55	16	18	36
General Total -		258	159	1,356	2,877	2,311	2,339	3,893	827	1,162	3,495	636	1,513	2,490	
		4,650													

* Fifty parishes have failed to send Returns.

+ The only Parish belonging to the city of Edinburgh from which there is no Return, is that of the New Grey Friars, in which are situated Edinburgh Bedlam, and the Charity Workhouse; in these houses there were confined (according to the Return made last year from this parish, in consequence of the Address of the House) 88 Lunatics and Idiots; all those confined in the Charity Workhouse were stated to be Idiots, and they all belong to the city of Edinburgh. The greater proportion of those confined in the Bedlam, belong also to this city and county; so that a very considerable addition would be made to the total numbers of the county of Edinburgh on account of these two establishments.

‡ The Returns from the parishes of the city of Glasgow, do not comprise such patients belonging to the Royalty, as are confined in the Glasgow Asylum and Towns Hospital; reference is however made to last year's Return, from which it appears that 95 Lunatics and Idiots, belonging to the Royalty, were then confined in these establishments. This number therefore must be added to the total of those confined in the county of Lanark.

(F.)

SIXTH ANNUAL REPORT OF THE DIRECTORS

OF THE

Glasgow Asylum for Lunatics.

Dated 6th JANUARY, 1820.

The Directors of the Glasgow Asylum for Lunatics, submit to the Contributors and to the Public, an account of their proceedings during last year, in this their Sixth Annual Report.

In the Asylum, 1st January, 1819.....	62	40	102
Admitted since	43	34	77
Ditto from relapse.....	2	2	*4
	—	—	—
	107	76	183
	—	—	—
Dismissed Cured.....	21	18	39
Ditto Relieved	6	6	12
Ditto by Desire.....	7	6	13
Ditto Unfit.....	3	0	3
Died.....	6	4	10
Remaining, December 31st, 1819.....	64	42	106
	—	—	—
	107	76	183
	—	—	—

The number of the males, as usual, has considerably exceeded that of the females; although, in the County of Lanark, as well as throughout Scotland, fully as many of the females as of the males are insane.† But, among the labouring classes, an insane male, often can neither be maintained nor controlled so easily as an insane female; and, among the wealthier classes, there is, from motives of delicacy, greater reluctance to the placing of a female, than of a male lunatic, in a public institution.

* Only one of these patients had been dismissed cured.

† Abstract of Returns from the Clergy of Scotland.

For these obvious reasons, an excess, in the number of our male patients, may always be expected.

In judging of the degree of success with which the patients have been treated, it is necessary to hold in remembrance, that the proportion of deaths may vary, according as the insane admitted, are of sound bodily health, or otherwise; and that the asylum has long been burdened with a host of incurables, whose names serve to swell the list of inmates, while their presence, of course, does not in the least add to the chance of increasing the number of cures.

A fairer estimate of the event of the cases treated in the asylum, than that which may be deduced from the prefixed statement, will be afforded by the following tables. These tables are, with great care, constructed, as formerly, by Mr. Drury. They comprehend the admissions for one year, from the 30th June, 1818, without including any of the cases of patients who had been previously admitted, and who remained, at that date, in the asylum. They afford a new confirmation of the inferences drawn from the tables, formerly published; and, especially, of the great importance of sending patients to the asylum, before their malady become inveterate.

MALE PATIENTS, OLD CASES.

Classification of Cases when admitted.	How Dismissed.					State of those Remaining.		Totals of the several Classifications.
	Cured.	Relieved.	By desire.	Unfit.	Died.	Improved.	Continuing the same.	
Furious	0	0	0	0	1	1	1	3
Melancholy	1	2	0	0	0	1	0	4
Furious and Melancholy	0	0	0	0	0	0	2	2
Imbecile.....	0	0	0	0	0	0	1	1
Fatuous.....	0	0	0	0	1	0	4	5
Idiots.....	0	1	2	1	0	0	1	5
Total.....	1	3	2	1	2	2	9	20

FEMALE PATIENTS, OLD CASES.

Classification of Cases when admitted.	How Dismissed.					State of those Remaining.		Totals of the several Classifications.
	Cured.	Relieved.	By Desire.	Unfit.	Died.	Improved.	Continuing the same.	
Furious	0	1	0	0	0	1	1	3
Melancholy.....	1	0	1	0	0	0	0	2
Fatuous.....	0	1	2	0	0	0	2	5
Total.....	1	2	3	0	0	1	3	10

MALE PATIENTS, RECENT CASES.

Classification of Cases when admitted	How dismissed.					State of those Remaining.		Total of the several Classifications.
	Cured.	Relieved.	By desire.	Unfit.	Died.	Improved.	Continuing the same.	
Furious	11	6	2	0	3	1	1	24
Melancholy	2	3	0	0	0	0	2	7
Fatuous and Melancholy	1	0	1	0	0	0	0	2
Imbecile.....	1	0	0	0	0	0	0	1
Total	15	9	3	0	3	1	3	34

FEMALE PATIENTS, RECENT CASES.

Classification of Cases when admitted.	How dismissed.					State of those Remaining.		Total of the several Classifications.
	Cured.	Relieved.	By desire.	Unfit.	Died.	Improved.	Continuing the same.	
Furious.....	10	1	1	1	0	0	0	13
Melancholy.	4	0	2	0	0	0	0	6
Furious and Melancholy	3	0	0	0	0	0	0	3
Imbecile	0	0	1	0	0	1	1	3
Fatuous.....	3	0	0	0	0	1	1	5
Total	20	1	4	1	0	2	2	30

From these tables it appears, that, of the recent cases, 15 males and 20 females were cured, out of 34 males and 30 females; whereas, of the old cases, only 1 male out of 20, and 1 female out of 10, were cured.

Of the whole patients treated in the asylum, during last year, no fewer than six males and one female died of apoplexy, or of some of the usual consequences of pressure on the brain. Two females died of pulmonary consumption; and one of dropsy, from diseased liver. Several of these patients had long laboured under the diseases of which they died; some of them were in a dying state when admitted; and in none of their cases could there be any rational hope of cure. Of those who were dismissed cured, only four, in so far as has been learned, have relapsed; in none of whom, except one, have the symptoms become so urgent as to induce their friends to place them again in the asylum. Some of those relieved have, as usual, relapsed, and have been re-admitted. But many of them have continued free from any aggravation of their malady; and some have experienced even considerable improvement since dismissal.

The treatment of the patients have been varied, according to the features and the causes of their lunacy. Internal remedies have, in a few instances, been of great service; but, in general, medicine has been of little avail. The warm bath, sometimes conjoined with the affusion of cold water on the patient's shaven head, has been much used, and often with advantage. Some patients have derived benefit from the cold bath. Exercise, especially in the open air, has been of general utility; and much good has been done, in several cases, by pretty severe bodily labour. Rotatory motion, by means of a whirling chair, has of late been tried in a great number of cases, and, in some of them, with wonderful good effects. By the contrivance used for this purpose, the degree and the duration of the motion are completely under command. The operation is always performed in the presence of the physician; and in no instance

has it been followed by any of those formidable symptoms, which have sometimes occurred in other institutions, where a more simple, but much less manageable, apparatus has been employed*.

In some instances of unusual docility, benefit has been derived from attention to certain rules of mental discipline. But the moral management of the patients, by the usual means of restraining their violence, of correcting their evil habits and propensities, and of regulating their conduct and behaviour, has been of more general utility, than any other practice employed. These means, however, are often found to be of little avail, unless those by whom they are used, besides obtaining complete ascendancy over the patient, gain, at the same time, his confidence and good-will.†

No fatal accident has occurred during the year; and, considering the fulness of the house, and the consequent embarrassment to the keepers, there have been very few accidents of any kind. But it is impossible to prevent them altogether; for, although frantic patients are not allowed any utensil or

* It is proper to state, that none of the patients who died of apoplexy, were ever subjected to this operation.— Notwithstanding the unequivocal evidence in favour of this remedy, from Dr. Mason Cox, Dr. Hallaran, who has given a drawing of the apparatus in his "Practical Observations," 2d edit. Professor Horn, and others, there is still so great a prejudice against it, that it is rarely, if at all used, in English Asylums. The testimony here added, may induce a more general trial of it.—B.

† Several interesting cases, illustrative of the treatment, have been withheld from the press, lest any offence should be taken, from the apprehension, that patients might be recognised, by the publication even of anonymous descriptions of their peculiarities.

piece of furniture, which they are likely to use as an instrument of self-annoyance, yet they sometimes will contrive to do themselves material injury.

The liberty which even those patients who are subject to sudden paroxysms of fury, are, at times, permitted to enjoy, renders it impossible, with the utmost vigilance, to prevent occasional mischief; and windows and furniture have frequently been broken.

When outrage is committed, the discipline of the asylum requires, that the offender should be put under some restraint; but this is done with the least possible severity, and with due attention to health and comfort. The keepers are under the strictest rules, insomuch that none dare confine a patient, without the order of the physician, or of the superintendent; and they are prohibited from using opprobrious, or even passionate language, in the discharge of their duty. Striking, beating, or in any way maltreating the patients, is totally inadmissible. Any keeper found guilty of such cruelty, would be instantly dismissed, perhaps otherwise punished, according to the enormity of the offence. For the purpose of rendering any refractory patient more docile, the securing of his hands or the confining of him to his apartment, are the means usually resorted to, and are seldom found to be long necessary. Indeed, during favourable weather, all the patients have been in the airing grounds occasionally, and almost all of them daily. While there, they have usually conducted themselves as peaceably as when they are more closely under the eye of the keeper; and, in general, they have lived on very friendly terms with each other. Some of them, in the most humane and attentive man-

ner, have taken charge of others, who required frequent assistance. One of them, even, who is often extremely furious, although he is ready enough to attack the keeper or other attendants, never injures any of his fellow-patients, and always speaks of them in terms of kindness and compassion.

Sociality has been often promoted, while the irksomeness of confinement has been alleviated, by various occupations and amusements. Bowls and billiards have been favourite games; and reading, music, drawing—have often served to arrest attention, and to dispel illusion. Some write letters or poems, one solves mathematical problems, and another has been long busily engaged in composing the history of a voyage round the world. But many of the patients have been more profitably employed. Some of them have laboured assiduously in the garden or shrubbery grounds. Shoes have been made, and cloth woven, by various individuals, and one patient is at present very useful as a joiner. Some of the females have sewed or knitted diligently; and so many of them have been industriously employed in spinning, that almost all the bed and table linen now used in the asylum, is the product of their labour.

No inconsiderable saving has accrued from these labours, and still more from certain measures of economy adopted at the commencement of the year, and vigilantly pursued by Mr. Drury. On the other hand, considerable expense has been incurred, as usual, by repairs and improvements, and by the purchase of furniture and apparatus. Besides the ordinary outlay, the superintendent and matron entered on increased salaries; an account of coals was settled, of which a great part belonged to the preceding year; and arrears of rent of the ground in front of the asylum, were paid up, for several years. But the ordinary income of the house, together with the subscriptions and legacies, has so far exceeded the expenditure, that nearly £500 of the original debt has been liquidated, as will appear by the following statement:

RECEIPTS & DISBURSEMENTS for the YEAR 1819.

RECEIPTS.

Subscriptions and Legacies.....	£ 550	7	8
Add, found in Charity-Box.....	54	17	9
			£ 605 5 5
Board of the Patients	3504	5	0½
			£4109 10 5½

DISBURSEMENTS.

Balance due the Secretary, per Report for 1818.....	£ 521	18	2½
House Expense, viz.			

Accounts for Butcher Meat	£ 380	5	3
Do. Bread.....	329	11	9
Do. Beer.....	200	11	0
Do. Groceries.....	116	12	0
Do. Tea.....	124	3	0
Do. Soap and Candle	121	10	7
Do. Coals.....	207	15	0*
Do. Medicines	18	10	0
Do. Meal.....	130	9	4
Do. Butter	166	7	4
Do. Cheese, &c.....	150	8	1
Do. Barley, &c.....	135	8	0
Do. Potatoes, Milk, Vegetables, Hay, Straw, Lint, Oil, and Other Miscellaneous Articles	503	0	6½

* Sixty-two Carts of Coals
were gratuitously given this
year.

Salaries to Superintendent, Matron, Secretary, and Porter...	370	3	0
Wages to Keepers and inferior Servants.....	230	17	8
Furniture bought.....	196	3	6
Royal Bank, in part of Debt..	415	0	0
Charges, viz.			
Interest to Royal Bank	51	2	10
Printing	19	15	3
Advertisements ...	1	12	0
Legacy-Duty and other Taxes.....	17	5	6
Stationery.....	4	18	6
Insurance.....	5	0	0
Rent of Ground.....	33	10	0
Repairs...	113	12	1½
Stamps, Postages, and incidental Charges.....	25	1	11½
Amount of Disbursements.....	£4590	12	5
Do. Receipts.....	4109	10	5½
Balance due the Secretary.....	£ 481	1	11½

STATE of DEBTS due by the ASYLUM, at 1st JANUARY, 1820.

To the Royal Bank, Balance of Bond.....	£ 800	0	0
Secretary for Cash advanced.....	481	1	11½
Total	£ 1281	1	11½

From this statement of the funds, though favourable, it is evident that the Directors are far from possessing the means of building any addition to the Asylum; and a considerable addition is indispensably requisite. Applications have frequently been made for two or more apartments, connected together, and detached from the common wards. The want of such accommodations, has been the means of preventing several patients of high rank from being placed in the asylum. To accommodate such patients, cottages, with small gardens to them, would, probably, be most suitable. The want of proper work-rooms in which the patients, who are disposed to labour, might be kept employed, without interruption from the idle and mischievous, is daily felt. But, what presses most urgently on attention, the wards destined for the use of boarders, at the lower rates, and of paupers, have long been so crowded, that it has become absolutely necessary, either to restrict the number of admissions, and to dismiss the supernumerary patients, or to extend the buildings of the asylum. By an addition which would contain thirty bed-rooms, it is judged that the establishment would be sufficiently enlarged to receive, for some years, all curable applicants for admission; and, also, all who, though incurable, may be difficult or dangerous to manage. But to erect all these additional buildings, and to execute various other improvements which are in contemplation, and which are highly expedient, will be impossible, without very liberal aid from the public. This aid, in more prosperous times, it is hoped, will not be withheld. Meantime, various plans and elevations of the projected additional buildings are under consideration; and the Directors earnestly hope, that sufficient funds will soon be procured to enable them to proceed, early next summer, in erecting such buildings as are most urgently wanted.

The collections in the poor's box have fallen greatly short of their former amount: this, however, cannot be imputed to

any decrease of liberality on the part of the public; but is owing entirely to a new regulation, whereby the number of strangers who used to visit the asylum, was restricted. This restriction was highly expedient. The greatest care, indeed, had always been taken to prevent promiscuous visitors from seeing any of the respectable boarders; but the multitudes who visited, merely to gratify idle curiosity, gave to the asylum an appearance of publicity which was offensive to the relatives of patients, and which, therefore, might have been unfavourable to the prosperity of the institution. It is natural that relatives should feel delicate on this point; and the Directors, anxious that every possible cause of complaint should be removed, were not certain, at one time, but that even the office of visitors should be done away. But, upon mature deliberation, they feel confident in saying, that the duty of these visitors is of most essential service to the institution. And considering that the visitors are always chosen out of the most respectable classes of society, and understand, that whatever they may witness in the discharge of their duty, is to be regarded as sacred, few, certainly, will be found so fastidious, as, upon the existence of their important function, to ground any objection to the asylum.

(G.)

A Summary General REPORT of the ROYAL INSTITUTION for LUNATICS, in LA CHARITE HOSPITAL, at BERLIN, for 1816.

The total of patients remaining January 1st, 1816, was 211

viz.	Lunatics	-	Males	-	108	{	169
	Ditto	-	Females	-	61	}	
	Epileptics	-	Males	-	11	}	42
	Ditto	-	Females	-	31	}	

In the course of the year were received - - - 208

viz.	Lunatics	-	Males	-	102	{	164
	Ditto	-	Females	-	62	}	
	Epileptics	-	Males	-	21	}	44
	Ditto	-	Females	-	23	}	

Total 419

Of these 419 patients, in the course of the year, have been—

1. Dismissed, *cured*,

Lunatics	-	Males	-	61	{	94
Ditto	-	Females	-	33	}	
Epileptics	-	Males	-	5	}	11
Ditto	-	Females	-	6	}	105

2. Dismissed, *incurable*, upon request.

A.	Lunatics	-	Males	-	9	{	13
	Ditto	-	Females	-	4	}	
	Epileptics	-	Males	-	7	}	22
	Ditto	-	Females	-	15	}	35

B. Eleven were returned to their families, incurable; 9 were removed to the hospital at Sorau; 5 were delivered over to special or private care, viz.

Lunatics	-	Males	-	13	{	21
Ditto	-	Females	-	8	}	
Epileptics	-	Females	-	4		

Carried forward 165

	Brought over	165
--	--------------	-----

C. On account of accompanying disorders, *e. i.* pulmonary and other consumptions, and palsies, were removed to different departments of the institution, viz.

Lunatics -	Males - -	16	
Ditto -	Females - -	9	
Epileptics -	Males - -	3	
Ditto -	Females - -	5	33

Of these were dismissed, cured	-	3	
	Incurable	-	3
	Died	-	23

At the conclusion of 1816, there remained of these under cure, (<i>Vide Remark VI.</i>)	4	4
---	---	---

3. In the Lunatic Institution, died

Lunatics -	Males - -	6	
Epileptics -	Female - -	1	7
4. Escaped lunatics, Males - -		2	2
			<hr/> Total

240

Total of those who quitted - 207

January 1, 1817, the total remaining was - 212

viz. Lunatics -	Males - -	103	}	172
Ditto -	Females - -	69	}	40
Epileptics -	Males - -	17	}	23
Ditto -	Females - -	23		

Of these 212 patients, five, far advanced in recovery, have leave of absence.

REMARKS.

I. Among the 102 newly received male patients were :

Citizens and tradesmen	-	33	Farmers	-	-	5
Military	-	-	18	Musician	-	1
Civil Officers	-	-	14	Servants	-	5
Merchants	-	-	10	Children under ten years	-	3
Labourers	-	-	13			

Among the 62 female patients were :

1. Married women	-	-	-	28
a. Mothers	-	-	19	
b. Childless women	-	9		
Of whom were widows	-	-	6	
a. Mothers	-	-	3	
b. Childless widows	-	3		
Wives separated	-	-	-	2
2. Unmarried women	-	-	-	25
3. Children under ten years	-	1		

Among whom eight had been pregnant, and three were in childbed.

3. Children under ten years - 1

II. With respect to age, there were among the 164 newly received patients of both sexes :

Under 10 years	Males	Females	between 45	Males Females		
				50	12	7
between 15	20	7	2	50	55	3
20	25	16	9	55	60	2
25	30	14	16	60	65	3
30	35	18	7	65	70	0
35	40	12	8	70	75	0
40	45	11	1	75	80	1

III. Among the 61 male lunatics dismissed cured, were :

Citizens and tradesmen	-	29	Labourers	-	-	8
Military men	-	-	7	Farmer	-	1
Civil officers	-	-	6	Musician	-	1
Merchants	-	-	7	Servants	-	2

Among the 33 female lunatics dismissed cured, were :

Married women	-	-	11
viz. Mothers	-	-	7
Childless women	-	-	4
Widows	-	-	5
viz. Mothers	-	-	3
Childless women	-	-	2
Wives separated	-	-	2
Unmarried women	-	-	15

Among whom four had been pregnant, and two were in childbed.

IV. With respect to age, there were among the 94 patients dismissed cured, of both sexes :

Years. between 15 & 20	Males.	Females.	Years. between 45 & 50	Males.	Females.
20	6	3	50	55	2
25	6	7	55	60	2
30	10	6	60	65	0
35	11	4	75	80	1
40	9	3			2
45	7	4			1

V. Among the seven who died in the Lunatic Institution, were one epileptic female; and an idiot died from apoplexy, after nine months residence; one aged male idiot, who had resided 15 years, and who suffered from ulcers of his feet, died from the infirmities of age and decline; one male idiot died from atrophy; another, while in a state of atrophy, but of whose history there was no account, died of apoplexy; another, who had been declining from 1797, and in the hospital from 1804, died of the dropsy; another, who had been furious seven months, after three months residence in the hospital, died of a decline. A raving lunatic, five months ill, and only one month in the hospital, died from enervation, in consequence of sphacelus after metastasis, which occurred, during his state of phrenzy.

VI. Of those patients whose serious complicated and organic dynamic diseases did not admit of treatment for lunacy, there died in the department for patients with inward complaints, twenty-three, viz. of pulmonary and other consumptions, twelve ; of apoplexy, six ; of dropsy, three ; of brain-fever, one ; of age, one.

VII. Among the newly received patients were several whose mental derangement was complicated with other important circumstances of illness : viz. one with the venereal disease ; two with fistulous ulcers ; one with wound in the neck ; two with dropsy ; three with partial palsy ; one with atrophy ; three with age ; one with decline ; two with pulmonary consumption ; one with gutta serena : one with injury of the head.

VIII. Among the newly received lunatics were fifteen, who had been at an earlier period in the lunatic asylum ; of whom thirteen had been dismissed as cured, and two as incurable, upon request. Among those lunatics who had been dismissed as cured and received again, were three males and ten females. Of the latter, one woman had remained 18 years, one woman ten years, and one girl nine years, perfectly well. Three men and three women had, within ten years, two or three times experienced periodical insanity ; the others had, within two years, twice relapsed.

IX. In the beginning of this year there were seventy-two *incurable* lunatics and epileptics in the hospital. The greater part had been many years so. Of these incurables ; about twenty-five were able to be removed to other places, two died in the lunatic institution, and three at present suffer under serious internal diseases.

X. Among the newly received lunatics of 1816 are probably many incurables ; who, however, cannot with certainty be

reckoned as such, till after a long and particular acquaintance with them individually, and with the early history of their malady.

XI. The age which predominates among the individuals received this year on account of lunacy, is from 25 to 35. With respect to sex, the male. With respect to rank, the citizens and tradespeople form the greater number; and among these were exactly two-thirds, whose earlier occupations required a sedentary manner of life; and one-third whose avocations induced more or less exercise. Among the females, the number of married and single is nearly equal; and among the latter were nine under 25 years of age, and sixteen over 25.

XII. Among the cases received this year were as follows:—

A. Permanent disorders of the intellects.

Males. Females. Total.

1.	a. Under permanent general lunacy, with tranquil conduct	-	31	14	45
	b. Permanent general lunacy, with frenzy and raving	-	14	6	20

2. Partial derangement.

a. Melancholy	-	-	31	33	64
b. Idiotism	-	-	1	3	4

3. Fatuity and idiotism

B. Periodical mental derangement	-	-	20	4	24
	-	-	5	2	7

XIII. The proportion of the cured to the number of lunatics medically treated (setting aside those declared incurable), is about as 1 to 4; of the cured to the number of those received, as 1 to 2; of those *dismissed uncured* (among which must be reckoned those dismissed as incurable, and those removed to other departments of the hospital) in proportion to the regular number and increase, as about 1 to $4\frac{1}{2}$; of those who died in the lunatic department, as 1 to 59%.

XIV. The continuance of the cure of those dismissed was, in the last as well as the preceding year, very different. The longest was in a female, two years and four months. The shortest in seven patients who were principally affected with raving madness, was one month. With six the cure lasted two months; with twenty-two, three months; with eleven, four months; with fourteen, five months; with ten, six months; with six, seven months; with three, eight months; with the rest, the cure lasted from one and a half to two years.

XV. The number of those who became insane from imaginary, was greater than those from real misfortunes: such as wounded honour, loss of beloved relations or property, disappointments, &c. Among the newly received male lunatics were twenty from the abuse of spirituous liquors; in some of whom the commencement of such excesses was under the influence of the approaching malady.

Many lunatics were sent last year to this institution, without information on the following points, so essentially necessary to their treatment, having been communicated to the physician of the hospital.

1. Of what temperament or inclination is the patient?—Under what circumstances has he formerly lived, and *shortly before his illness*?

2. Does there exist any hereditary disposition to this malady?—Did the father, mother, the grand parents, or collateral branches, suffer from the same, or a similar disorder?

3. How did the derangement commence?—When and under what circumstances, with what incidents and appearances?—What manner of behaviour, of speaking, and of acting, have been remarked, in consequence of which he is

considered as deranged?—What alterations has the course of his illness hitherto produced?

4. When and how early did this or a similar malady take place? or does this disorder shew itself now for the first time?—How did the patient find himself before its commencement?—Did other disorders precede? if so, what were they?—Did the patient suffer under epilepsy? if so, how often and how long were the attacks?

5. What causes preceded the commencement of the disorder? corporeal? if so, of what nature?—Were there various diseases? or mental?—Were any violent or sudden affections of the mind observed? if so, of what nature? and under what circumstances?—Did violent anger, sorrow, or anxiety about the necessities of life act upon the patient? or had any injury to his honour, loss of fortune, of beloved relations, or any disappointment in his hopes, taken place?

With respect to all these points, upon which the patient himself scarcely ever can give information, and is generally willing to deceive the physician, a full account from the family must be sent to the physician of the institution; and if medical treatment has preceded, it must as correctly and fully as possible be reported by the patient's last physician. Without this assistance the cure of lunatics is much more difficult, and frequently impossible.

HORN.

12th March, 1817.

(H.)

*ABSTRACT of the REPORT of the LUNATIC ASYLUM near Exeter,
(1819.)*

The State of the Institution, originally founded and now supported by Benefactions, Legacies, and Contributions of the Patients, from the first Meeting of the Benefactors, on the 29th July, 1795, to the 25th March, 1819; being the Eighteenth Annual Publication.

STATE OF THE PATIENTS,

From the 1st July, 1801, (when the Asylum was opened,) to the 25th of March, 1819.

ADMITTED.

588 Patients, to the 25th March, 1818.

38 Patients, from 25th of March, 1818, to the 25th of March, 1819.

626 Patients.

DISCHARGED.

	From June 30th, 1801, to 25th Mar. 1818.	From 25th March, 1818, to 25th Mar. 1819.	In all to 25th March, 1819.
Cured.....	333	338	355
Then on trial, since cured.....	5	17	2
Now on trial.....	...	2	2
At the request of friends.....	133	9	142
At the request of parishes.....	7	7	14
Improper objects.....	11	...	11
Deceased.....	52	1	53
Incurable	4	...	4
Remain in the house 45, of whom 20 are better, and 25 not worse than when admitted. ....	...	...	45
Patients...	...	...	626

AN ABSTRACT OF THE ACCOUNT OF INCOME AND EXPENDITURE,

From March 25, 1818, to March 25, 1819.

RECEIPTS.

	£.	s.	d.	£.	s.	d.
Balance in Cash, the 25th March 1818.....	448	2	11			
£6290 Stock in the 3 per Cent. Consols.....	4022	18	9			
One Deed Poll.....	16	15	6			
Fund of the Institution at that time.....				4487	17	2
Benefactions.....				77	7	8
Board of Patients.....				2043	2	0
Dividends on Stock.....				212	9	4
Interest on Deed Poll.....				1	13	6
Profit on Fire Insurance.....				2	12	6
Stamped Bonds debited in last Year's Account.....				5	11	9
Legacies.....				411	4	0
				£7241	17	11

PAYMENTS, viz.—

Housekeeping.

	£.	s.	d.	£.	s.	d.
House Expences.....	1056	5	8			
Incidental ditto.....	16	15	6			
Wine, Spirits, Porter, and Ale.....	89	8	6			
Wages and Gratuities.....	246	8	1			
Coals, 91 Quarters.....	82	15	8			
				1491	13	5

Sundries.

Reserved Rent.....	14	0	0
Medicines and Instruments.....	33	8	8
Printing, Stationery, and Books.....	31	7	7
Taxes and Rates.....	26	8	0
Insurance.....	4	4	0
Stamps for Receipts and Postage.....	0	4	8
Expended on the additional Buildings.....	217	2	2
Furniture for ditto.....	118	1	6
Garden Expences.....	35	6	5
Stamped Bonds not yet used.....	14	0	1
	1985	16	6

Balance in Cash this 25th March, 1819.....	524	10	8
6290l. Stock, in 3 per Cent. Consols.....	4022	18	9
450l. Ditto, ditto, purchased this year.....	361	16	6
400l. Ditto, Legacy from Rev. James How.....	330	0	0
One Deed Poll.....	16	15	6
	5256	1	5
	£7241	17	11

EXTRACT FROM THE RULES.

That women with child, labouring under an unsound mind, shall be received, upon security being given that the child shall not become burthensome to the parish in which the Asylum stands.

That all lunatics be admitted upon such security being given as before mentioned, except such as are deemed inadmissible by the Committee, or the Medical Gentlemen belonging to the institution, and that the following sums be paid weekly, by the several classes of patients, according to their respective circumstances.

Persons in the first class	£0	10	6
Persons in the second class ...	0	15	0
Persons in the third class	1	1	0
Persons in the fourth class	1	11	6
Persons in the fifth class	2	2	0
Persons in the sixth class	3	3	0

or upwards; to be determined by the Committee, after a due examination into their circumstances and connections.—But parish paupers will not be admitted under 15s. per week.

That when patients are admitted, whose friends are well able to pay for their board, according to the rate of payment agreed on with the Committee, the Physician under whose direction such patient is placed, and also the Apothecary, shall receive from the friends of the patient the following fees, viz. There shall be paid to the physician,

On the admission and discharge of every patient, for whose board 15s. per week	£1	1	0
shall be paid, a fee of			
For 1l. 1s. per week	2	2	0
For 1l. 11s. 6d. ditto	3	3	0
For 2l. 2s. ditto	4	4	0
For 3l. 3s. ditto, and upwards	5	5	0

And to the Apothecary one half of the above sums, for each class of patients respectively, on the admission and discharge of every such patient. The fee to the Physician only shall be repeated every half year during which the patient shall remain in the Asylum, and so in proportion for any part of that period; provided that if any patient shall die or be discharged before the expiration of the first half year, there shall be paid to the physician, on such death or discharge, the same

fee as if the patient had remained in the house the whole of that time.

Nor are these acknowledgements to be considered as precluding more liberal gratuities, from those whose circumstances are affluent, and whose cases have required long and assiduous attention.

The Physicians or Apothecary shall not be entitled to receive any but the admission fee, from the friends of those patients who shall be admitted into the Asylum in the *class of incurables*, nor continue to receive fees for attending any patient whom the Committee shall resolve to remove into that class, on account of any attendance subsequent to the time that the Committee shall have declared their resolution, unless such patient be afflicted with any malady independent of lunacy, for which cases a provision is hereinafter made.

That all patients, who may have a relapse within three months after they have been permitted to leave the house on trial, shall, on their being brought again to the Asylum, be re-admitted without paying any fresh fees.

That no patient shall be permitted to be more than four weeks in arrear.

That if any patient admitted into the Asylum be afflicted with any malady, independent of lunacy, requiring particular medical and surgical aid, a proper acknowledgement shall be made by the patient's friends to the Physician and Apothecary for such special attendance; and that the amount of each be settled by the Bondsman and the Treasurer, subject, nevertheless, to the approbation of the weekly board.

That in future, patients deemed *incurable*, may be admitted at the discretion of the Committee.

(I)

ABSTRACT of the Ninth Annual REPORT of the State of the GENERAL LUNATIC ASYLUM, near NOTTINGHAM, 14th October, 1819.

ABSTRACT OF THE FABRIC EXPENDITURE.

June 30, 1818. Dr.	£.	s.	d.	June 30, 1818. Cr.	£.	s.	d.
To Cash brought forward.....	25,724	17	5 $\frac{3}{4}$	By Cash brought forward.....	25,724	17	5 $\frac{3}{4}$
June 30, 1819.—To Expenses incurred by building Boundary Walls; remainder of Money due to Mr. Stenson, for Land, Tradesmen's Bills, &c.....	388	7	4	June 30, 1819.—By Cash in Payment of 384 <i>l.</i> 7 <i>s.</i> 4 <i>d.</i>			
				By County of Nottingham.....	147	19	9 $\frac{3}{4}$
				By County of the Town of Nottingham.....	37	0	8
				By Voluntary Subscribers.....	203	6	10 $\frac{1}{4}$
					£	26,113	4 9 $\frac{3}{4}$
Benefactions to the Fabric Fund.....				£417	18 <i>s.</i>	6 <i>d.</i>	
<i>Of this Sum, £300 has been vested on Landcd Security.</i>							

Abstract of Household Expenditure for the preceding Year, ending June 30, 1819.

	Gal.	Qrt	Tons	cwt.	qr	st.	lbs.	oz.	Stk.	pk	£.	s.	d.
Bread.....	1377	6	...	...	...	...	228	10	7
Butter	873	...	...	...	...	62	1	11
Candles and Oil...	54	1	...	...	...	186	...	...	...	...	21	10	7
Cheese	19	2	...	13	...	...	...	...	82	1	8
Coal	210	1	2	...	...	...	...	...	...	134	18	10
Fruit.....	1	14	8
Fish	2	14	7
Flour	206	...	...	...	...	...	39	6	9
Meat	798	...	...	...	...	...	337	12	2
Medicines	7	5	8
Malt, Hops, and Porter.....	36	...	2	2	...	26	...	314	...	208	17	4	
Milk	2041	...	...	...	...	...	...	...	...	...	84	10	11
Oil and Vinegar ..	7	...	...	...	...	...	...	...	...	...	1	7	4
Poultry.....	2	4	6
Pease.....	12	0	
Rates.....	5	15	9
Rice.....	38	4	8	...	...	...	6	18	10 $\frac{1}{2}$
Salt, Pepper, and Mustard.....	66	13	11	...	...	...	17	10	10
Salaries & Wages	350	7	6
Soap, Starch, and Blue.....	7	...	...	16	12	...	...	...	32	6	6
Sugar.....	...	9	2	...	...	17	12	...	...	...	49	11	7 $\frac{1}{2}$
Tea and Coffee...	222	...	...	...	...	55	12	...
Wine	8	...	
Plums & Currants	72	...	...	...	...	3	13	1
Oat Meal.....	88	10	18
Straw	21	1	7 $\frac{1}{2}$
Sundries & Incidental.....	75	4	3
											£1852	10	2 $\frac{1}{2}$

PATIENTS' CASH ACCOUNTS.

<i>Dr.</i>	<i>£.</i>	<i>s.</i>	<i>d.</i>	<i>Cr.</i>	<i>£.</i>	<i>s.</i>	<i>d.</i>
To Household Expen-				By Cash received of Pa-			
diture, for Board of				tients on this Year's			
Patients, &c.....	1852	10	2½	Account.....	1390	1	9½
Patients' Cloathing ...	97	11	5	Due from ditto.....	170	11	9
					1560	13	6½
				By Cash to balance.....	389	8	1
Total.....	£1950	1	7½	Total.....	£1950	1	7

ANNUAL SUBSCRIPTIONS.

Paid..... £250 8s.— Due..... £180 11s.— Total..... £430 19s.

—————

Annual Report of the State of the Lunatic Asylum, near Nottingham, July 1, 1819.

Patients on the Books under Cure, 1st July, 1818.....	39
Incurable	24
Admitted since.....	32—95
Dismissed recovered.....	17
On Trial.....	8
Relieved.....	5—30
Taken out by their Friends without Relief.....	3
Taken out by their Friends without Relief and Incurable.....	6
Taken out by Overseers, as Harmless and Incurable.....	4—13
Dead.....	4
Remaining under Cure.....	27
Incurable.....	21—18
	95

Average Number of Patients in the House throughout the Year, 52.

—————

State of Patients in the House, 1st July, 1819.

First Class..... Males 3—	Females 1	Total 4
Second Class..... Males 9—	Females 9	18
Third Class..... Males 11—	Females 15	26—48

Of the 21 patients reported incurable, 13 are paupers of the County and Town, sent in by order of Magistrates; most of them being turbulent and dangerous, cannot be dismissed. Of these thirteen, one has been insane 7 years, four 9 years, one 10 years, two 11 years, one 12 years, two 18 years, one 20 years, and one 25 years.—It is satisfactorily ascertained, that a very great proportion, probably four-fifths, of those dismissed on *Trial*, have continued in a sane state of mind.

CHARLES PENNINGTON, M.D. Physician to the Institution.

—————

General Statement of Patients admitted and discharged from the opening of the Asylum, the 12th February, 1812, to the 1st July, 1819.

Patients admitted.....	336
Dismissed recovered, 111; on Trial 42; relieved, 26.....	179
Taken out by their Friends.....	40
Removed to Parish Work-houses, as harmless & incurable 30—	70
Dead.....	39
Remaining on the Books under Cure, 27; incurable, 21.....	48—336

FINIS.

